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THE UNIVERSITY OF ALBERTA

MAPLERIDGE: SOCIAL ATMOSPHERE FOR TROUBLED CHILDREN

by

SHEILA JOAN BAILEY-CRISTALL

A THESIS

SUBMITTED TO THE FACULTY OF GRADUATE STUDIES AND RESEARCH

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Date June, 1983

DEDICATED

TO

SHANNON, CAMERON, MARK, TODD AND DAVID

ABSTRACT

The study was descriptive in nature designed to examine the social atmosphere of Mapleridge, a residential treatment centre for emotionally and behaviourally disturbed children. The concept of social climate, as measured by the Real and Ideal forms of the Community-Oriented Programs Environment Scale (COPES), was employed to look for Real and Ideal differences as related to the research questions.

Differences among the four settings, in both Real and Ideal social climate measures, were found. Differences among five institutional groups were also found, particularly as they related to the Real social climate as only the resident group generally held substantially different perceptions of an Ideal social climate which related to degree of preferred environmental press rather than the direction of emphasis.

The residents were generally more negative in their evaluations of both current and ideal social climates than were any of the cottage staff or other adult groups. This finding is consistent with existing research literature with one notable exception: The residents perceived more current emphasis on Autonomy than all adult groups and would prefer more emphasis on this domain ideally as would the treatment services group.

The treatment services group provided the second lowest evaluation of the real social climate, particularly on the Relationship and System Maintenance dimensions. Generally there was close agreement among all groups in the evaluation of the type of treatment that the program offers. The treatment services group evaluations of the four individual cottages, as compared to their evaluation of the four settings rates as a composite entity, revealed differences among programs which were moderate to very substantial. This group would require substantial changes in order to attain their ideal milieu which raises issues related to their goal-orientations.

The program specialists provided the most positive evaluation of the Real social climate, particularly on the Relationship dimensions. They were also the only group to prefer an increase of Staff Control in an ideal social climate. This raises questions about the nature of perceptions of program specialists as they were the only group who are not directly involved with the residents within their living milieu.

While there was general consensus concerning the current strong emphasis on open expression of Anger and Aggression, substantial differences were found on the ideal ratings. This raises questions as to the value orientations of the groups as to whether or not they feel that the open expression of anger is therapeutic.

The Real Mapleridge profile, from the perspective of all groups, showed marked agreement on the type of treatment that the program offers which includes low emphasis on Autonomy and strong emphasis on Anger and Aggression. There was considerable variability on the Relationship and System Maintenance dimensions.

The results of the study are supportive of the existing research in the area of social climate. The use of the Community-Oriented Programs Environment Scale proved to be a convenient way of examining the social climate at Mapleridge as well as providing a method of examining the ideal preferences of the groups involved in the study. The results are of potential benefit to the institution, particularly in terms of changes that all groups would like to effect in order to attain an ideal social climate.

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CHAPTER I

INTRODUCTION TO THE STUDY

Significance of the Study

The potential that behavioural and attitudinal impacts of different environments has upon individual functioning is receiving increased attention by researchers as it relates to the field of evaluating treatment institutions for disturbed children. Moos posits that such knowledge of the social climate is at least as central an issue for remedial intervention as is knowledge about traditional personality theory, psychotherapy and other treatment modalities (Moos, 1975). Contemporary treatment programs for disturbed children are generally designed around the concept of milieu therapy as it has evolved during the past forty years. Nineteenth century programs for disturbed children stressed moral conversion but there was, even then, a recognition of the total living environment as a potent force in changing children's attitudes and behaviour (Whittaker, 1979, p. 263).

The study focuses on the significance that social environment has on human functioning as it relates to the treatment milieu for the disturbed child. Six major ways in which human environments have been related to indices of human functioning have recently been identified (Moos, 1973). One dimension is related to the social climate and psychosocial characteristics of environments. The social climate perspective assumes that environments have "personalities" just like people (Moos, 1975, p. 4).

When evaluating helping environments, the arena for research and intervention is the natural environment in which the individual resides (Whittaker, 1979, p. 189). This study was undertaken because of the important need to evaluate the social climate of a community-based treatment centre for emotionally and behaviourally disturbed children. Inherent in the program, which uses the concept of milieu therapy, is the heavy emphasis placed upon individual and group treatment programs which are designed, implemented and evaluated by professionals from varying perspectives and capacities. Recognizing that all endeavours occur within a social milieu which has a powerful influence on treatment outcome, the author chose to examine Mapleridge, an open, community-based treatment centre for emotionally and behaviourally disturbed children. This was undertaken

using the concept of social climate as measured by one of the Social Climate Scales authored by Rudolph Moos (Moos, 1974b). It is postulated that the resulting information has important educational implications for the institution in terms of the short-range objective of accountability and the long-range objective of knowledge development.

Purpose of the Study

The study is primarily descriptive in nature, focusing on information obtained through the use of an instrument designed to measure social climate. The instrument used was the Community-Oriented Programs Environment Scale (Moos, 1974b). The scale was developed to assess the social environments of community-based treatment programs (Moos, 1974a, 1974b). A recent study in this locality (Bentz, 1982) examined the social climate of an institutional facility for disturbed children utilizing the Correctional Institution Environment Scale which was developed to assess the social climates of correctional programs (Moos, 1974c).

The primary purpose was to examine the residential facility which purports to have a clearly defined treatment philosophy, program objectives and clinical practices which are communicated to all treatment personnel.

The children reside in four physically separated cottages of identical physical design. The question arises: to what extent do the cottage social settings vary? One could anticipate a fair degree of uniformity if the treatment philosophy received uniform application of the various treatment strategies. For example: The development of a substantive relationship between a child and a cottage staff member is given considerable emphasis at Mapleridge. The Social Climate Scale utilized in this study includes relationship dimensions which Moos purports to be conceptually analogous to Rogers' (1957) dimensions of empathy, warmth and genuineness (1974, pp. 169, 170). The author was particularly interested in assessing each cottage looking for emphasis given to this area and differences which may exist among cottages.

Five groups were involved in the evaluation of the social climate at Mapleridge. They were the residents, cottage staff, treatment services group, program specialists and practicum students. They provided their perceptions of the actual social climate and how they would prefer it to be ideally. The residents, cottage staff and treatment services group evaluated the individual settings. The

program specialists, practicum students and the treatment services group provided their evaluations of the four cottages considered as a composite whole.

The first intent was to discover whether there were important differences among programs in staff and resident ratings of the current social climate and what would constitute an ideal social climate. This was considered important because program evaluation, which is under constant review by treatment personnel, could examine the individual or unit differences which may exist from a social environment perspective. Moos' experience in both treatment and correctional institutions has led him to state:

> There may be large variations of presumably similar treatment programs, even when they are using the "same" overall treatment strategy . . . previous work in this area has indicated that the individual program, not the overall institution is the appropriate unit of analysis. Variations among programs within one institution are often as large as variations among programs in different institutions (1975, p. 153).

The second intent was to ascertain what degree of consensus existed between residents and staff members in their perception of both their present social setting and what an ideal social setting would constitute. The results from the Community-Oriented Programs Environment Scale normative sample indicated that it was to be expected that staff members perceive their units considerably more positively than do residents in the same units. Moos further stated that "staff are considerably more positive about ideal programs than are residents" (Moos, 1975, p. 66). He found such differences were substantial and concluded that there are fundamental differences in the way in which residents and staff view both real and ideal correctional milieus (Moos, 1975).

The third purpose was to ascertain what degree of consensus existed among Treatment Services Group members in their perceptions of the real social milieu of each setting and the real and ideal social milieu of the four settings evaluated as a whole or homogeneous entity. The author postulates that large differences in perceptions of the social environment among this group would have implications in the areas of communication and setting of expectations with respect to the treatment program.

The fourth intent was to explore what degree of concensus existed among residents, cottage staff, treatment services group members, program specialists and practicum students as to what constitutes both the current and an ideal social environment at Mapleridge when the program is

considered as a homogenous setting.

This information could have important implications for the treatment program at Mapleridge as all groups of individuals are directly and indirectly involved in formulating and evaluating programs and policies. Significant discrepancies in perceptions of the real and ideal social climate would have implications for attaining the stipulated treatment objectives. Moos has suggested that the use of Social Climate Scales could be utilized effectively in promoting social change in the direction of achieving treatment objectives.

Significance for the Field of Child Care

It is postulated that assessment of the social milieu, in which emotionally and behaviourally disturbed children reside, will increase staff and resident awareness of programs as presently perceived and how they might prefer them to be. The dimensions which are measured by the Social Climate Scale could provide a standardized method of describing a program and provide a convenient method for periodic re-evaluation. The scale used in this study evaluates three basic dimensions: relationship, treatment program and system maintenance dimensions. In designing, implementing and evaluating helping environments for troubled children, increased awareness of the social milieu from a three dimensional perspective could result in more standardized methods of viewing and evaluating the social climate. Moos posits that "the information resulting from this type of assessment could be used for both short and long-range staff and program development and for ongoing efforts to change and improve the program's living and working environment" (1975, p. 36).

Delimitations

Mapleridge is an open, community-based residential centre. As such the results of this study have important implications for Mapleridge but may have restricted value to the general field of institutional care for disturbed children. The children are representative of most children who come into care but, as Mapleridge is an open setting, without closed facilities, children who require preventive external control are not generally referred.

Secondly, the Advisory Board members and community school teachers were not included in this study as they do not have direct contact with the residents within their living environment.

Thirdly, it was not a primary objective to explore the reasons for differences existing in

perceptions of social climate, nor was it intended to compare Mapleridge with the sample of institutions used to establish norms for the Community-Oriented Programs Environment Scale.

The primary purpose of this study was to describe differences in perceptions of social climate and to consider what implications these differences may have for community-based treatment programs for disturbed children. The use of Social Climate Scales as an effective and practical instrument in evaluating a treatment milieu is examined relevant to existing research.

Limitation

A limitation of the study warrants acknowledgement. The possibiity of researcher bias (Rosenthal, 1966) is a factor to be considered in view of the researcher's professional involvement with the institution which was examined in the study. While a possible limitation, the same factor proved to be a major strength of the study which was reflected in the very high response rate from potential subjects.

Overview of the Study

While the purpose of the present investigation has been briefly introduced in this chapter, the remainder of the presentation contains more detailed information concerning Mapleridge and the theoretical and research aspects of the study.

Chapter II consists of a description of the Mapleridge program including the resident population, staffing and physical environment.

Chapter III is a review of the relevant research literature as it relates to the concept of milieu therapy and the social climate perspective as an evaluative and facilitator of social change technique.

The particular methodology and design utilized for the collection of data is presented in Chapter IV.

Chapter V contains a presentation of the findings and conclusions of the study. It reports differences in ratings of social settings and among groups at Mapleridge.

Chapter VI consists of a discussion of the findings, conclusions drawn, implications for Mapleridge and potential for further research.

CHAPTER II

THE MAPLERIDGE PROGRAM

Overview

Mapleridge is a 40 bed residential treatment centre for emotionally and behaviourally disturbed children. It is a community-based, open setting located on a spacious campus in Edmonton, Alberta, Canada. Mapleridge is owned and operated by the Sisters of Our Lady of Charity whose work with children in need of care dates back to 1912. Originally conceived as an industrial training school for girls of all demoninations, both the facilities and nature of the program evolved during the ensuing fifty-two years to the year 1964 when the residential treatment centre known as Mapleridge was established. The first lay staff was employed at this time. In 1980, the first boys were admitted to Mapleridge and the age requirements were expanded to include children from 6 to 16 years of age.

There are four cottages, each designed to accommodate up to 10 children who are grouped according to age and individual requirements. As the treatment philosophy focuses on normalization in all aspects of the child's development, the children are enrolled in community school programs which are best suited to their individual needs. Focal aspects of the program include meeting the child's physical, educational, spiritual, emotional and social needs utilizing the concept of milieu therapy. The principles of normalization and re-integration into the community are reflected both in individual and group programming and the physical environment.

Physical Environment

The cottages in which the children reside are of contemporary, split-level design. They are spaciously set on a large, well treed and landscaped campus and are harmonious with the community environment. Each is a self-contained living unit featuring a carpeted livingroom with fireplace, large dining room and fully equipped kitchen, entrance area and sitting room on the main floor. The lower level includes a large rumpus room, bathroom, laundry room, food storage and furnace rooms. The upper level has six bedrooms: three single bedrooms, two doubles and one triple. There are two ½ bathrooms, a staff office and two storage areas. The cottages are designed to provide a home-like atmosphere and the residents are encouraged to add personal touches to their bedrooms in the form of posters, stuffed animals or belongings of personal significance. Each cottage has two

equipped patios for seasonal use.

In addition to the four cottages, the Mapleridge Centre contains an administration building with a reception area, administrative, medical and counseling staff offices and meeting rooms. Also located in the administration building is a large gymnasium and indoor swimming pool with a sun patio for summer use. The overall architecture blends into the community with the administration building often being mistaken for a school. The abundance of trees, well manicured lawns, and spaciousness lends a park-like environment to the actual living area of the residents.

Program Dimensions

Education

The pursuit of educational goals is a primary treatment concept for the residents at Mapleridge. Provision of appropriate programming is assessed and determined in collaboration with school personnel. The children attend either public or separate community schools according to their needs and abilities. In addition, Mapleridge contracts a small adaptation classroom, through the Edmonton Separate School Board, for those children who require a small specialized program prior to re-entry into larger community school classrooms. At the time of the study, 4 residents were enrolled in this program. The remaining residents attended 24 different schools and many were transported in Mapleridge vehicles by staff. The children who are more responsible and stabilized with respect to school attendance use public transportation facilities.

Religious Practices

Christian practices are fostered within the group living programs with the residents attending the church of their religious affiliation. Residents of the Roman Catholic faith generally attend Mass at the campus chapel.

Recreation

Recreation programming is an integral concept from both individual and group treatment objectives. It is a focus within group living guidelines and is augmented by specifically designed programs provided by the therapeutic recreational co-ordinator. Residents participate in such activities as Brownies, Cubs, Boy Scouts, hockey, soccer, baseball and swimming lessons. Many of the adolescents pursue areas of personal strength and interest such as music lessons, modelling

classes, gymnastics and ceramic classes. Social and physical recreational opportunities are provided from both individual and group perspectives.

The Residents

All referrals to Mapleridge are made by the Alberta Department of Social Services and Community Health, Child Welfare Branch. Actual names are submitted through the Regional Institutional Placements Committees.

The residents at Mapleridge comprise a group of children aged 7 to 16 years. The children have all experienced difficulty in critical areas of their lives such as relate to their families, school and the community within which they live. The children have such histories as school failure and truancy, running away from home, poor interpersonal skills and attendant low self-esteem. Some children are perceived as a danger to themselves and others in that they have been involved in shoplifting, physically aggressive behaviours and chemical abuse. As Mapleridge is an open setting, children who pose a serious threat to themselves or others would more likely be referred to an institution with provision for external control in the form of closed facilities. The children are generally of low to high average intelligence and generally do not require highly specialized medical or psychiatric care for more severe physical or emotional illnesses. Many have been diagnosed as hyperkinetic and are on medication.

All the residents have been designated as wards of the Provincial government except in a very few cases where the parents voluntarily have agreed to grant temporary custody to the government which is called Custody by Agreement. In this instance, acknowledgement is made by the parents or guardians of their inability to actively assume a parenting role for the child. There are three types of wardship status. A child may be a temporary ward under the Child Welfare Act of Alberta, the Juvenile Delinquents Act (a federal statute) or s(he) may be a permanent ward.

Families: Background Characteristics

The majority of residents come from distressed and often dysfunctional family backgrounds. Often the child's parents are divorced, separated or are experiencing marital discord. It is not infrequent that the child who is placed in care has been identified as "bad" and held responsible for a multitude of family problems. Some parents lack the parenting skills and are unable or unwilling to

cope with the child's problem behaviours. Some families have very negative attitudes towards the schools, the police and the helping professions. They have communicated their attitudes to the child who continues to act irresponsibly in the community or the school. Some children have experienced several father (or mother) figures in changing marital relationships and a few have grown up in a host of short term foster home placements. It has not been uncommon for Mapleridge to have two or more siblings in residence at the same time. In 1982 there were five sibling groups in residence. The placement of sibling groups in one treatment facility has been promoted by Mapleridge to facilitate healthy restructuring of the family, with a reduced number of agency and professional involvement, while fostering the sibling relationships in a common social milieu.

While some families are resistant to family therapy, all (whose children will be returning to their care) are encouraged to become involved in their child's treatment program at Mapleridge.

Staffing

Each of the 4 cottages has a program co-ordinator, one houseparent and 6 youth workers (generally 3 female and 3 male). The 11 p.m. to 7 a.m. night shift is staffed by one adult with a total of 6 night staff employed on a part time basis for the four cottages. The night staff are not included in this study as they perform a primarily security function and have limited exposure to the residents.

The program co-ordinator is responsible for providing leadership, direction and supervision to all cottage staff. S(he) is responsible for individual and group planning for the cottage residents in accordance with treatment objectives. The program co-ordinator is responsible for the entire maintenance of the operation of the cottage including management of unit funds.

The houseparent serves in a parental supportive role to the residents while carrying out responsibilities which include menu planning, food preparation, clothing purchases with the residents and maintaining a warm, attractive home. The youth workers must be conversant with the individual treatment programs of each child. In addition to serving as healthy adult role models in carrying out daily activities, the youth worker must demonstrate competencies in behaviour management and relationship skills with the residents. The youth worker is assigned the responsibility of being relationship staff for up to 2 residents in their setting. The substantive relationship role is emphasized as being instrumental in achieving the treatment objectives for each resident and as such receives

considerable emphasis at Mapleridge: "It is standing policy that development of substantive relationships are a vital part of our treatment program. It is mandatory that this not be brought to the residents' attention through such terms as key worker or relationship staff . . . " (Mapleridge Care Manual, p. 8). The youth worker may be assigned "career opportunity" additional roles, such as cottage school representative, recreation representative, or supervising students doing a field placement at Mapleridge.

There are four caseworkers each of whom serves as the primary caseworker to one cottage although carrying out their responsibilities with a smaller number of residents in one other cottage. The caseworker serves as the child's personal advocate to ensure that the rights of the child are respected. S(he) conducts individual, group and family therapy sessions with residents for whom s(he) serves as primary therapist. As primary caseworker with one cottage, the caseworker is closely involved with all cottage staff with particular focus on liaison with the program co-ordinator and relationship staff. S(he) is responsible for liaison with the school liaison co-ordinator, Mapleridge nurse, consultant psychiatrist and psychologist as warranted by the child's individual needs. The primary caseworker and cottage program co-ordinator hold weekly group therapy sessions with the cottage residents.

Mapleridge had recently introduced the sub-group concept within each cottage: The large group is structured into 2 sub-groups of 5 each with three youth workers specifically designated to work with each group according to their schedule. One youth worker generally serves as shift leader with each of the other two focusing on their small group. The group therapy sessions augment this concept by being held in accordance with the sub-group structure.

In all there are 24 youth workers, 4 houseparents, and 4 program co-ordinators who have direct involvement in the cottages as related to the basic and remedial care of the residents. Although the program co-ordinators also serve as senior administrative personnel, they were included as cottage staffing in the study as their direct involvement in their own setting is consistent and extensive.

Adjunctive Staffing

Treatment Services Group

The administrative and clinical concerns are reviewed weekly by the treatment services group members who number 14 and include the following: Director of Treatment Services (chairperson),

the Assistant to the Director of Treatment Services, the Staff Training and Development Co-ordinator, 4 Caseworkers, 4 Program Co-ordinators, School Liaison Co-ordinator, Therapeutic Recreation Co-ordinator and Mapleridge Nurse. Program evaluation and proposed changes are reviewed by this group with each member responsible to the Director for exercising his (her) individual responsibilities. All treatment services group members are directly involved with the residents in their living environment as an integral part of exercising their professional responsibilities.

Program Specialists

Although not directly involved with the residents within their social milieu, several professionals are actively involved in the children's treatment programs.

Mapleridge has two external consultants who are non-salaried professional personnel who provide their services on a contractual basis. These include a psychologist and psychiatrist who are involved primarily in consultation with respect to treatment programming and casework as appropriate to the individual child. At times they provide inservice training seminars to child care staff on such topics as psychological assessments and chemotherapy in modern medicine.

Mapleridge employs a part-time registered nurse who sees the residents on a regular basis according to their individual needs. A family physician sees the children at the centre, or in the office, and makes referrals to medical specialists when warranted.

An educational consultant and an educational support worker are involved in a direct and indirect manner with residents in the classroom and within their social milieu.

Practicum Students

Over the years there have usually been three to six college students in attendance during any one term. They are expected to fulfill their field placement responsibilities in accordance with their program objectives and Mapleridge policies. They are supervised by the staff training and development co-ordinator and a cottage youth worker who is responsible for direction, organization and evaluation of the students in fulfilling their placement responsibilities.

Advisory Board

The advisory board was re-established in 1978 in an active capacity. It is composed of eleven

members of the community (a lawyer, psychiatrist, psychologist, pharmacist, separate school board trustee, accountant, free lance journalist, three business men and a United Church minister), as well as the members of the Sisters Council and the Executive Director of Catholic Social Services. The Management Committee members are ex-officio members of the Board, unless otherwise appointed. Their function is to provide counsel and advice to the Sisters Council consistent with the changing needs of the community and with business practices which are both progressive and indigenous to the operation of Mapleridge as a social service agency. The members were not included in the study as they are not involved with the residents within their living environment.

CHAPTER III

RELATED LITERATURE AND RESEARCH

Historical Review Related to Milieu Therapy

Although the concept of milieu therapy is not new as a psychotherapeutic technique, defining what constitutes a therapeutic milieu has been difficult. Polsky (1962) posits that one of the most significant developments among agencies devoted to the treatment of personality and behavioural disorders has been the increasing emphasis on what is generally referred to as "milieu therapy". He continues by writing that "unfortunately for clear communication, as well as for experimental operations and sound evaluations, milieu therapy means many things to many people" (Polsky, 1962, p. 5).

"Milieu" is defined as "a medium, environment, 'surroundings' " (Oxford English Dictionary, 1970, 6, p. 437). The objective of many contemporary treatment programs for disturbed children is to build what Bloom (1964) has called "powerful environments."

> The major point to be made about such environments is their pervasiveness, that is, the individual is completely engulfed in a situation which presses him from every angle toward a particular type of development or outcome (p. 212).

The power of the environment is noted in the definition of milieu therapy as "the modification of the environmental part of the patient-environment process with a view to facilitating more satisfactory patterns of interaction" (Rioch and Stanton, 1951).

Nineteenth century programs for disturbed children stressed moral conversion, but there was, even then, a recognition of the total living environment as a potent force in changing children's attitudes and behaviours (cited from Whittaker, 1979). In the 1920's, August Aichhorn developed the concept of the planned use of the milieu as a therapeutic tool. (Aichhorn, 1935). Trieschman, Whittaker and Brendtro posit that it has been since then that children's institutions have been able to claim that they provide a "therapeutic milieu" for children (Trieschman et al, 1969, p. 3). A more "precise understanding of what a therapeutic milieu—or helping environment—actually means may result from confluence of ecological theory and child treatment theory" (Whittaker, 1979, p. 3). "A therapeutic milieu is a specially designed environment in which the events of daily living are used as formats for teaching competence in basic life skills. The living environment becomes both a means

and a context for growth and change, informed by a culture that stresses learning through living" (Whittaker, 1979, p. 36).

The influence of the people who compose the environment is noted in a paper presented by Jerome Goldsmith to the New York Academy of Science in 1962. He stated:

> When we talk about milieu we are really discussing the 'psychological geography' of the environment, a most intangible element that is difficult to achieve, difficult to describe, and yet—so much of our real substance—the only phrase that describes effectively what we mean by milieu . . . In essence, the milieu is the sum of all the people who work with the child and constitutes the psychological atmosphere in which the child lives, reacts, learns and develops (p. 94).

The significance of the interpersonal dimension is emphasized by Phelan (1962): "The therapeutic milieu, therefore, is the totality of interpersonal relationships among all children and all staff within the physical setting" (p. 160).

The group that was to have the most profound and lasting influence on the development of milieu treatment included a large number of refugees from Nazi persecution who came to the United States from Germany and Austria in the late 1930's and early 1940's. They were strongly influenced by psychoanalysis and by the power of group association. Their collective contribution literally was the literature on milieu treatment for children from the 1940's through the 1960's (Whittaker, 1979). Of this group, two individuals—Bruno Bettelheim and Fritz Redl—stand preeminent. Their work spans the continuum of childhood disturbance from the solipsistic retreat of the autistic child (Bettelheim) to the acting out of the pre-adolescent delinquent (Redl).

From 1944 to 1973, Bettelheim was director of the University of Chicago's Sonia Shankman Orthogenic School for emotionally disturbed children. The most concise statement of what Bettelheim and Sylvester (1948, 1949) conceive a therapeutic milieu to be appears as follows:

> In a therapeutic milieu . . . the child's development towards increasing mastery must be facilitated. Training in skills and achievements, specialized programs and activities, are of peripheral importance only. They are therapeutically justified solely if they originate from the central issue of the therapeutic milieu. A therapeutic milieu is characterized by its inner cohesiveness which alone permits the child to develop a consistent frame of reference. This cohesiveness is experienced by the child as he becomes part of a well defined hierarchy of meaningful interpersonal relationships. Emphasis on spontaneity and flexibility—not to be misconstrued as license or chaos—makes questions of schedule or routine subservient to the relevance of highly individualized and spontaneous interpersonal relationships. Such conditions permit the emergence and development

> of psychological instances, the internalization of controls, and the eventual integration of the child's personality. It may be assumed that these milieu factors, which determine the child's rehabilitation in the therapeutic milieu, have validity for the institutional care of children in general (1948, p. 192).

The attempts to describe what elements comprise a therapeutic milieu for children have been found lacking, at least by Fritz Redl (1966). When discussing the impact of the physical arrangements, the routines, the "atmosphere" that pervades a place where children live, Redl discusses the importance of "A House that smiles, Props which invite and Space which allows" (1952, p. 42). In a paper entitled The Concept of a "Therapeutic Milieu", which was presented at the Annual Meeting of the American Orthopsychiatric Association in 1966, Redl concluded:

> How does some of that "environment" you talk about come into being, after all? Couldn't we reverse the story just as well and ask: "what do your child patients do to their milieus?"—not only: "What does the milieu do to them?" . . . I, for one, would want to exclaim loudly what I didn't dare whisper at the start of my paper, as I would have scared you off too soon. I would like to find out not only what milieu is and how it operates but also how we can describe it, how we influence it, and by what actions of all involved it is, in turn, created or molded. At the moment I am convinced of only one thing for sure—we all have quite a way to go to achieve either of those tasks (cited from Weber and Haberlein, 1972, pp. 147-148).

Whittaker (1979) views Redl's work as having contributed significantly to the theoretical development of milieu treatment in two important ways. His was the first and most sophisticated attempt to provide a taxonomy of aggressive behaviour in children. Secondly, this model stood nearly alone for many years as a testimony to the belief that success in milieu treatment is directly related to the ability of programs to incorporate child care workers as the primary agents of therapy: "Redl built a model of treatment around them" (Whittaker, 1979, p. 51). This concept is elaborated upon by Trieschman, Whittaker and Brendtro (1969) in a text of 235 pages which, along with the work of Redl and Wineman (1951, 1952), have become the basic references for many child care institutions and training programs. The therapeutic milieu is conceived of as a "living and learning" environment where the events of group living—the rules, routines, activities, and behavioural interchanges—become formats for managing disruptive, troublesome, and maladaptive behaviour, as well as for teaching prosocial alternatives (Trieschman, Whittaker and Brendtro, 1969).

What Trieschman et al do not provide is any clearly articulated procedures for evaluation of the

total program. "The evaluative component is critical to any approach to milieu treatment today, not only because it is the only way in which we will ultimately arrive at a theory of changing children's behaviour but also because it may be necessary for the very survival of the program" (Whittaker, 1979, p. 82). Recent focus upon evaluating the social environments of treatment facilities has been fostered by the work of Rudolph Moos through the use of his Social Climate Scales designed to measure the social environment of a variety of institutional settings (Moos, 1974a, 1974b and 1974c). Presented in a three dimensional method which "describes the social climate of a child care milieu, uses a common terminology and approach and which can be used in systematic program descriptions, comparisons and evaluations" (Moos, 1974b, p. 16).

The Social Climate Perspective

"The measurement of social climate is one of the principal means of characterizing human environments" (Moos, 1975, p. 3). Dr. Rudolph H. Moos and his colleagues in the Social Ecology Laboratory of Stanford University have endeavoured to develop measures of social environments by asking people individually about the usual patterns of behaviour in their environments. "The basic logic of this approach is that the consensus of individuals characterizing their environment constitutes a measure of the environment or social climate" (Moos 1974d, p. 4).

"The social climate perspective assumes that environments have unique 'personalities' just like people" (Moos, 1975, p.4). Moos goes on to state:

> Methods have been developed to describe aspects of a person's personality, e.g., the Rorschach, the Minnesota Multiphasic Personality Inventory, the Strong Vocational Interest Blank. These methods assess personality traits or needs and provide some information about the characteristic ways in which people behave. Social environments can be similarly portrayed with a great deal of accuracy and detail. Some people are more supportive than others; likewise, some social environments are more supportive than others. Some people feel a strong need to control others; similarly some social environments are extremely rigid, autocratic and controlling (p. 4).

It is on this assumption that the development of the nine Social Climate Scales to assess the social environments of selected institutions, in the three major categories of environments (treatment, total institutions and educational environments), has been based.

Theoretical Origins of Environmental Press

The construction and use of social climate scales for the purpose of systematically assessing

differences among social environments has mushroomed over the past twenty years. Conceptually these instruments stem from Murray's (1938) need-press theory in which behaviour is viewed as a joint function of individual needs and environmental forces gratifying or frustrating those needs.

Murray selected the term press to designate a directional tendency in an object or situation which facilitates or impedes the efforts of an individual to attain a particular goal. He concluded that:

> One can profitably analyze an environment, a social group or an institution from the point of view of what press it applies or offers to the individuals that live within or belong to it . . . furthermore human beings in general or in particular can be studied from the standpoint of what beneficial press are available to them and what harmful press they customarily encounter (Murray, 1938, p. 120).

He differentiated between two types of environmental press: Alpha press (which is the press that actually exists, as far as scientific inquiry can determine) and beta press (the individual's own interpretation of the phenomena that he perceives).

Stern, Stein and Bloom (1956) expanded Murray's contributions. They demonstrated that behaviour could be predicted much better when the setting in which the behaviour occurred was clearly defined to include the social demands of the situation. They portray beta press in two forms. "Private beta press" refers to "highly selective percepts of the environment which are a function of the idiosyncratic properties of the individual," and "Common beta press" representing the perceptions and meanings which are shared by a given group of individuals" (Stern et al, 1956, p. 37).

"Stern (1970) identified two factorially derived dimensions as characterizing environments. He called the first class of 'press' (Murray, 1938) anabolic, by which he meant situational elements which are potentially conducive to growth and self-enhancement. He labeled the second catabolic, which referred to the characteristics designed to maintain order and stability in the environment and which Stern saw as antithetical to personal growth" (Kohn, Jeger and Koretsky, 1979, p. 482).

Common, or consensual, beta press is the environmental press which the Social Climate Scales seek to measure. A set of press appropriate for describing treatment environments was selected from Murray's (1938) and Stern's (1970) categories. Moos defines environmental press as "the characteristic demands or features of the environment as seen by those who live in that environment" (Moos, 1975, p. 37).

Personality Characteristics and Environmental Press

Personality theory and research has been largely concerned with person variables or traits. Social learning theory suggests that behaviour can be explained in terms of reciprocal interaction between personal and environmental determinants. People are influenced by environmental forces but they also choose how to behave. Moos posits that "behaviour is some interactive function of individual needs and environmental press" (Moos and Hoots, 1968).

The issue of whether the person or situation accounts for the major source of behavioural variance has aroused considerable controversy. The issue has been labeled a "pseudo question" by Hunt (1965). He states that "behavioural variance is due primarily to neither persons nor situations . . . it is neither the individual differences among subjects per se nor the variations among situations per se that produce the variations in behaviour. It is, rather, the interactions among these which are important" (Hunt, 1965, pp. 82, 83). Endler and Hunt (1966) found that persons, settings and person-setting interactions each contribute significantly to behavioural variance in both anxiety and hostility. They conclude that "the fact that such a substantial portion of the total variance comes from interactions confirm the suggestion that personality description might be improved by emphasizing what kinds of responses individuals make, with what kind of intensity in various kinds of situations" (1966, p. 336) (Moos, 1975, p. 9).

Moos concludes "that both social settings and person-by-setting interactions consistently account for substantial portions of the variance in a wide range of individual behaviours" (1975, p. 9).

Describing Human Environments

The development of a general organizational taxonomy to describe a wide range of human environments was addressed by Sells (1966). He suggested eight major categories of description: Objectives and goals, philosophy and value systems, personal composition, organizational structure, technology, physical environment, social-cultural environment, and temporal characteristics (cited from Moos and Hoots, 1967, p. 604).

Moos posits that there are six major ways in which human environments have been related to human functioning (Moos, 1973). He suggests that there is a need to clarify program descriptions in a systematic fashion which would include information based upon:

1. Ecological variables which are those related to the architectural and physical design of the facility.

2. Some of the behaviour settings that frequently occur in a program such as counselling sessions and community interaction.

3. Dimensions related to organizational structure: For example, number of residents and staff, and resident-staff ratio.

4. Dimensions identifying the collective characteristics of the people in the setting. Moos points out that this information is always more complete for residents than for staff (Moos, 1975, p. 256).

5. A functional or reinforcement analysis (the kinds of behaviours and attitudes that tend to be reinforced) of the program is desirable.

6. Dimensions related to the psychosocial characteristics and social climates of the environments.

Moos and his colleagues rely most heavily on psychosocial characteristics and organizational climate in defining environments. Moos states that "accurate, well-presented information about a program represents one important step in enhancing the adequacy of referral decisions, in raising resident and staff morale, and possibly in decreasing absconding and recidivism rates" (Moos, 1975, p. 259).

Dimensions of Social Environments

The development of the Social Climate Scales for the nine different types of social milieu has resulted in common categories of dimensions underlying a variety of groups and institutions. Moos posits that these dimensions are useful in characterizing social and organizational climates (1975, p. 20).

There are three broad categories:

1. Relationship dimensions which are designed to identify the nature and intensity of personal relationships in an environment. In the Community-Oriented Programs Environment Scale they include Involvement, Support and Spontaneity.

2. Personal Development (Treatment) dimensions which assess the basic directions along which personal growth and self-enhancement tend to occur in an environment. In the

Community-Oriented Programs Environment Scale, Autonomy, Practical Orientation, Personal Problem Orientation and Anger and Aggression are the dimensions assessed.

3. System Maintenance and System Change dimensions deal with the extent to which an environment is clear in its expectations, orderly, maintains control and is responsive to change. In the Community-Oriented Programs Environment Scale they include Program Clarity, Order and Organization and Staff Control.

Moos claims that the evidence indicates that social environments may be conveniently categorized along the three common sets of dimensions. He posits that there is insufficient evidence to warrant collapsing the subscales in order to work with a smaller number of dimensions although there are studies which question the validity of Moos' "rationally derived conceptualization" (Kohn, Jeger and Koretsky, 1979, p. 494).

There has been some concern that more global dimensions may exist. Factor analytic techniques have been employed and the results of three studies, although inconclusive, merit consideration. Wilkinson, (1973a) identified one underlying factor which he labelled a "Value Factor" because of its representation of an evaluative item dimension. This factor was found to correlate higher with each subscale than did the subscales themselves. Wilkinson concluded that the Social Climate Scales may be measuring value more than social climate judgements. Alden (1978a) employed a factor analytic technique with the Ward Atmosphere Scale and found one global dimension underlying subjects ratings on eight of the ten subscales which is supportive of Wilkinson's findings. Alden concludes: "It may be that the WAS functions largely as an attitudinal measure, tapping how positively the subject feels about the ward" (p. 178). Kohn, et al (1979) propose a two factor model of assessing social environments. The first dimension relates to opportunities for personal development and satisfaction as well as environmental supports to achieve these satisfactions (comparable to Stern's (1970) anabolic dimension). The second dimension deals with norms, rules and procedures to guide social interaction and ensure orderly group functioning (unlike Stern's catabolic dimension, Kohn does not see this dimension as growth inhibiting). The results of the study by Kohn et al found two underlying factors: Factor I: Support-Involvement versus disinterest; Factor II: Order-Organization versus disorder-disorganization.

The results of these studies appear inconclusive but merit consideration, given the present state of the art, when investigating from a social climate perspective.

Defining the Treatment Milieu

Moos poses the question: "Can the diversity of community programs be adequately characterized by a small number of basic types?" (1975, p. 245). He has attempted to identify and describe major types of hospital, correctional and community-based programs using data obtained from the Ward Atmosphere Scale, the Correctional Institutions Environment Scale and the Community-Oriented Programs Environment Scale. He obtained data on the Community-Oriented Programs Environment Scale from members of 58 American and 20 British Programs (Moos, 1975, Chapter 10). The 10 members Community-Oriented Programs Environment Scale standard scores for each of the 78 programs were subjected to cluster analysis. "Six types of community programs, which closely resembled the types identified in institutional correctional and hospital-based psychiatric programs, were found" (Moos, 1975, p. 246).

The six major types of programs and their dimensions are:

1. Therapeutic Community Program: These programs show elevation on all three Relationship and all four Treatment Program dimensions.

2. Relationship-Oriented Programs: These programs reveal above average emphasis on all Relationship dimensions, Order and Organization and Clarity but do not emphasize Treatment Program dimensions.

3. The Action-Oriented Program: These programs emphasize autonomy and independence and, to a lesser degree, Staff Control.

4. The Insight-Oriented Program: These programs emphasize the open expression of problems and feelings and the open expression of anger.

5. The Control-Oriented Program: These programs emphasize Organization and Staff Control with very little emphasis on Relationship or Treatment dimensions.

6. The Disturbed Behaviour Program: These programs emphasize Anger and Aggression and Staff Control.

Moos concludes that "the three cluster analyses (i.e., one for correctional programs, one for

hospital-based psychiatric programs and one for community-based programs) show strikingly similar results. The three analyses have identified six similar program types" (1975, p. 250). "The exact clusters of programs derived from an analysis of this sort are to some extent arbitrary . . . however they make excellent conceptual and empirical sense" (p. 116).

Social Milieu and Treatment Outcomes

The development of measures of social climate has permitted researchers to attempt to relate characteristics of treatment programs to treatment outcomes in addition to describing treatment milieus for the purpose of evaluation, feedback and planning sequence, as a facilitator of social change (Moos, 1975).

Alden (1978b) investigated the relationship between treatment environment and patient behaviour change. Both patient perceptions of the ward environment and the observational environmental measures displayed significant relationships with behaviour change. Patient perceptions of staff control and staff acceptance of anger were found to be important environmental dimensions for patient improvement. Wards characterized by more patient-staff interaction displayed more patient improvement. Further results indicated that patients on wards marked by high staff control became less communicative and more seclusive over time. Patients on wards noted high on acceptance of anger tended to require less care and became significantly more communicative during the course of the study. Alden found that "wards having more staff-patient interaction were perceived as significantly more supportive, spontaneous, having greater program clarity, and having a greater emphasis on personal problems than wards without staff-patient interaction" (p. 331).

In a study designed to examine the effectiveness of a therapeutic community in-patient ward, Lehman and Ritzler (1975) used the Real and Ideal forms of the Community-Oriented Programs Environment Scale to examine the social climate of two wards: a psychatric ward with a therapeutic community approach to treatment and a medically-oriented treatment ward. They found greater member satisfaction on the community-oriented psychiatric ward than on the medical ward. The community-oriented in-patient ward perceived more involvement, autonomy, emphasis on practical orientation and a greater expression of anger than was perceived by members of the medical model ward. In contrast, the members of the medical unit perceived more order and organization in their

ward atmosphere. The researchers suggest that this finding is consistent with the rationale behind a "therapeutic milieu" orientation. A second finding was that there was no significant difference between patients and staff members perceptions of ward atmosphere which is not consistent with previous findings (Moos, 1973, 1974. 1975). A third finding was that neurotics treated on the community-oriented ward were re-admitted twice as frequently as neurotics on the medical ward.

A study in which social climate presented as a dependent variable was conducted by Wilkinson and Reppucci (1973b). They assessed the difference in social climate between two token economy cottages and two benevolent custody (non-token) cottages in the same juvenile correctional facility. Both groups used rewards and punishments for influencing the residents' behaviour. The token economy groups applied these contingently according to a token (points) accounting system. The benevolent custody group applied them as staff deemed appropriate in individual judgements. The results show that the token economy cottages were significantly more positive on measured dimensions of social climate than the benevolent custody cottages. Informal evidence obtained from residents in the token economy group showed that they preferred the clear definition of goals, means for achievement and terms of release. This was substantiated on the clarity ($p < .001$ for staff and residents) and order ($p < .01$ for staff and residents) subscales.

Ellsworth, Maroney, Klett, Gordon and Gunn (1971) examined the milieu characteristics of psychiatric treatment programs based on efficient (high turnover) and effective (low return rate) criteria. They found that the most efficient and highest release rate units were those that tended not to promote patient autonomy. These units were viewed quite negatively by nursing staff and they suggest that efficient units tend to focus on admitting and discharging patients rather than involving patients or nursing staff in responsible roles. The most effective units, as measured by community tenure rates, involved the patients in ward management and had nursing staff who perceived themselves as active participants who received praise for their work. The researchers point out that "there were no milieu characteristics identifying overall successful programs, that is, programs that had both high release rates and high community tenure rates" (Ellsworth et al, 1971, p. 439).

Edelson and Paul (1976, 1977) have criticized studies relating treatment outcome to measures of social climate. "Among the most important variables which have been uncontrolled in the studies

relating attitude and atmosphere scores to effectiveness are ward or hospital size and chronicity of the patient population being treated" (1976, p. 251). Also neglected are the theoretical and therapeutic orientation of the treatment program and the nature of staff training. "Given the known relationships between unit size and patient chronicity with all three measures of treatment effectiveness (time in institution, release rates and community tenure), it is surprising that most studies . . . have left these key variables uncontrolled" (p. 252). The authors conclude that institutional researchers may rely on atmosphere measures for descriptive data on personal-social characteristics of treatment staff but the effectiveness of institutional programs should not be assessed without appropriate control of confounding variables.

A study which did attempt to control for the confounding variables was The Youth Centre Research Project which took place at the Karl Holton and O.H. Close California Youth Authority training schools in Stockton (Jesness, 1975). The project studied "the effectiveness of two different treatment programs with 983 adjudicated delinquents assigned by random procedure to two institutions, one whose program was based on transactional analysis (O.H. Close School) and the other on the basis of behaviour modification (Karl Holton School)" (p. 758). The results suggested that "improvement on psychological measures favoured the transactional analysis program whereas the behaviour rating slightly favoured the behavioural program. Parole follow-up showed no difference in the revocation rates of the two programs" (p. 758).

The Correctional Institutions Environment Scale was first administered when the schools were quite new (prior to the operational phase of the two treatment strategies). The profiles for residents and staff were essentially identical at this time. Two years later, in the operational phase of the Jesness project, the CIES was again administered on all living halls at both schools. "These data indicate that the new treatment programs had measurably changed the staff's and residents' perceptions of social climates of the institutions . . . The Close staff increased slightly (but not significantly) on relationship and treatment dimensions, whereas scores of Holton staff decreased significantly on these two dimensions ($p < .01$)" (p. 764). Holton staff saw less emphasis being placed on client-staff relationships. "The differences between posttest scores of Close and Holton staff on relationship and treatment dimensions were significant beyond the .01 level" (p. 764).

From the residents' perspective, even greater shifts were apparent. On the second testing, Close residents had not changed significantly but the Holton residents "had decreased significantly on the relationship, treatment and systems maintenance dimensions (all ps <.001)" (p. 764). Essentially no changes in social climate were found at Close over this period, whereas Holton became less positively perceived by its residents.

The social milieu differences were related to differential residential ratings of staff competence and likeability between schools. The resident ratings were positive overall, however Close residents were significantly more positive than Holton residents on both questions. Sections of the Postopinion Poll Questionnaire substantiate the more positive milieu at O.H. Close. For example, 75% of the Close residents described themselves as spending a lot of time talking to staff while just over 50% of the Holton residents said so (p <.001). "These responses support the CIES findings that Relationship dimensions were more heavily stressed at Close, whereas Staff Control received more emphasis at Holton" (Moos, 1975, p. 148).

The results of the Jesness study shows the CIES to differentiate between the social climate of two different treatment strategies although inconclusive about treatment effectiveness. This is supportive of the use of social climate measures to identify the impact on milieu of differential treatment.

Evaluating Social Climates as a Facilitator of Social Change

The usefulness of assessing social environments to facilitate planned change in social settings through discussion and feedback with the participants has been well documented (Bliss, Moos and Bromet, 1975, Moos, 1973, 1974b, 1975, Moos and Otto, 1972, Pierce, Trickett and Moos, 1972, Verinis and Flaherty, 1978). Moos (1975) states:

> Research results have been successfully used to stimulate social change in organizations of many types. Standardized surveys are generally useful because they help individuals focus on specific elements of their environment, and they provide some guidelines for evaluation. When staff can concentrate their attempts to change their program on a few commonly defined areas, change can take place in an orderly, structured manner (p. 95).

Moos and Otto (1972) conducted a study in an adolescent residential centre. The residents had mental or emotional difficulties and many had drug problems and a history of school failure. The

Community-Oriented Programs Environment Scale was administered on two occasions, six months apart. On the pretest, there were some fairly large disagreements between residents and staff about characteristics of the program, particularly on the relationship dimensions.

The profiles were discussed with residents and staff and both groups showed an interest in systematically changing the program's social structure. One of the authors provided the feedback and met with both groups over a four month period. The problem areas were defined and specific changes were instituted.

The same measures were given to the residents and staff about six months after the initial testing. The residents felt that the treatment milieu was closer to their ideal on the second testing. The largest changes occurred in the Relationship dimensions of Involvement and Support, the Treatment Program dimension of Autonomy and the System Maintenance dimensions of Order and Organization and Program Clarity. The staff also saw the program as closer to their ideal on the second testing, particularly on the relationship dimensions of Involvement and Spontaneity and the System Maintenence dimension of Program Clarity. Both groups felt their program was further away from their ideal in the dimensions of Personal Problem Orientation and Anger and Aggression. "This response is mainly attributable to a decision by residents and staff that they would ideally like less emphasis on these two areas" (Moos, 1972, p. 35). It is indicated that views of ideal milieus may also change with feedback and discussion sessions. "Feedback of information must be regarded as a dynamic, ongoing process that may result in continual changes in perceptions of ideal and actual social milieus. In addition, changes in conceptualization of an ideal environment may follow changes in the actual environment" (Moos, 1974, p. 261).

A recent study in this locality (Bentz, 1982) examined the social climate of a residential treatment centre for disturbed children using the Correctional Institutions Environment Scale (Moos, 1974c). He found differences among two different types of settings but not within these groupings. Bentz also found substantial differences among all groups rating of the social climate with specific differences in how teachers and consultants rated the environment which "raise questions regarding the nature of social climate perception for these types of groups in all correctional and treatment environments" (Bentz, 1982, p. 127).

A recent example of the use of a social climate scale in changing a treatment environment is found in an article by Verinis and Flaherty (1978). Long term dissatisfaction with the ward's treatment philosophy precipitated administration of the Ward Atmosphere Scale (Moos, 1974a), in a 45 bed psychiatric unit in a Veterans Administration Hospital to "assess how staff, patients and observers viewed the ward and to clarify what goals staff had and what changes they wished to make" (Verinis amd Flaherty, 1978, p. 238). "The staff ratings of what an ideal ward should be were widely discrepant from their perceptions of the real ward except in the areas of autonomy and of anger and aggression. Thus the staff for the most part did not view their treatment environment as very therapeutic" (p. 239). In terms of the Moos Scale, the staff wished improvement in all Relationship dimensions and in the System Maintenance dimension of Program Clarity.

The Ward Atmosphere Scale was administered a second time seven months later. The second testing reflected a significant change in ward environment in the six areas in which they had wanted improvement. "Changes in scores in four of the six areas were significant at the .05 level. The patients' and observers' scores also, with only minor exceptions, reflected positive changes in those areas" (p. 239). The authors state:

> That the staff were successful in changing the ward atmosphere is clear. How they were able to effect the desired changes is less accessible to observation. Staff's discussion of issues and setting of ward policy was certainly one mechanism. But probably more important was the awareness, at least by certain core personnel, of the directions they would like to see the ward move in. Thus when a specific issue of policy came up for resolution, they could make the final decision consonant with stated goals. Staff attitude change was certainly an important variable also. It came from an increase in morale, a greater spirit of cohesiveness, and sometimes simply staff members' change of perspective (p. 240).

The authors conclude by stating: "The Moos Scale was an invaluable aid in the process. It helped assess the existing state of the ward environment as well as the direction staff would like to move the ward . . . And finally, besides being a primary stimulus for the changes, the Moos Scale provided a convenient, quantitative way of chronicling them" (p. 240).

The previous studies lend credence to Moos' contention that Social Climate Scales have proved useful in an assessment, feedback, planning and reassessment sequence as an impetus towards desired social changes in a variety of environments.

CHAPTER IV

DESIGN, METHODOLOGY AND INSTRUMENTATION

The content of Chapter IV deals with a description of the sample, the strategy and technique of data collection and the procedure involved in conducting the study.

Sample

The examination of the social climate at Mapleridge was conducted according to the specific composition of logically derived groups which were structured and are defined as follows:

Residents: The children who have been referred to Mapleridge for treatment of emotionally and behaviourally related disturbances. They are grouped according to age and individual requirements.

Cottage Staff: The youth workers, houseparents and program co-ordinators who work directly with the residents in their living and learning milieu in accordance with individual and group treatment objectives.

Treatment Services Group: The senior, direct-service Mapleridge personnel who are responsible for clinical and administrative concerns while exercising their individual responsibilities as they relate to individual and group treatment programming (the group includes the Director of Treatment Services, the Assistant to the Director of Treatment Services, the Staff Training and Development Co-ordinator, four Caseworkers, the School Liaison Co-ordinator and a Therapeutic Recreation Co-ordinator).

Program Specialists: Multi-disciplinary professionals associated with Mapleridge who provide their services as they relate to educational, psychological, psychiatric and medical needs of the residents. (The group includes a consultant psychologist and a consultant psychiatrist, family physician, registered nurse, educational consultant and educational support worker. This group is not generally directly involved with the residents in their social milieu).

Practicum Students: The college students who, as part of their educational programming, spend a full term field placement at Mapleridge and are directly involved with the residents in their social milieu.

The adults involved in the study were contacted by letter to explain the purpose of the study and to solicit their participation (Appendix C). Any residents or staff members who had been at

Mapleridge less than thirty days were excluded from the study. Tables 1 through 3 provide specific sample data.

Resident Sample Details

Every attempt was made to include all residents and cottage staff in the study but this was not possible for the following reasons:

1. There were two program vacancies for residents at the time of the study and one resident had been recently admitted (within the previous month).
2. Two of the younger residents were unable to complete the questionnaire as they had difficulty attending to the task and comprehending the content.
3. One resident had recently been transferred from one cottage to another and could not satisfactorily differentiate between the two to establish validity. One resident refused to participate in the study.

The reasons that the resident responses do not equal the forty program spaces are outlined in Table 1.

Table 1

Resulting Resident Group Size

Setting	Vacancy	Incomplete Test Forms	Invalid Results	Recent Admission	Resulting Group Size
Cottage I	1	2	0	1	6
Cottage II	0	0	0	0	10
Cottage III	0	0	0	0	10
Cottage IV	1	1	1	0	7
Totals	2	3	1	1	33

Resident and Cottage Staff Groups

The background characteristics of the residents and cottage staff are shown in Table 2.

Table 2

Background Characteristics of the Four Cottages

Cottage	No. of Res. Tested	No. of Res. on Meds	No. of Staff Tested	M( )[a]	Fe( )[a]	Ave. Age Res.	Ave. Age Staff	Ave. Res. Stay (Mos.)	Ave. Staff Stay (Mos.)
I	6	6	8	4 (4)	2 (4)	9.6	28.5	12.1	11.3
II	10	8	8	6 (4)	4 (4)	10.7	25.0	8.6	12.4
III	10	4	8	1 (3)	9 (5)	14.0	30.7	12.7*	15.0
IV	7	7	8	5 (3)	2 (5)	12.5	28.5	10.3	22.5
	33	25	32	16 (14)	17 (18)	11.7[b]	28.2[b]	10.9[b]	15.3[b]

( )[a] Figure in brackets denotes staff

* This figure is not representative of the average length of stay on the adolescent unit. It is inflated by the inclusion of residents who have resided in all of the cottages over a 3 year period. The average without is 7.1.

b Denotes average ages and length of stay

Mapleridge Groups Involved in the Study

The size of the Mapleridge groups involved in the study are shown in Table 3.

Table 3

Size of Mapleridge Groups in the Study

	Group Size	Pop.	Group% of Pop.
1. Residents	33	40	83%
2. Cottage Staff	32	32	100%
3. Treatment Services Group*	8	9	89%
4. Practicum Students	4	4	100%
5. Program Specialists	6	6	100%
	83	91	94%

* Four treatment services group members were included in the cottage staff group, one member was included in the program specialists group and there was one position vacant.

Data Gathering Procedure

The examination of the social climate was undertaken over a one month period beginning February 15, 1983. The previously defined groups evaluated the Mapleridge social climate two ways: As they actually saw it (using Form R of the Community-Oriented Programs Environment Scale) and secondly, how they would conceive it to be ideally (using Form I of the Community-Oriented Programs Environment Scale).

Residents and cottage staff were asked to evaluate the settings in which they resided or worked. Treatment services group members were asked to rate each setting as a separate entity and, secondly, as a homogenous environment. Program specialists and practicum students were asked to evaluate the total Mapleridge social climate. Acknowledgement was made that some of their perceptions may have resulted from familiarity with only a limited part or aspect of the total Mapleridge program.

All groups were then requested to provide a rating of the kind of social climate they would

prefer to see ideally in their program at Mapleridge. All groups completed their questionnaires by March 15, 1983.

Details of Test Administration

Residents

As many of the residents were very young, and some had limited academic capacities, it was decided that many would be unable to read or comprehend the questions as posed in the published version of the scales. In an attempt to remedy these concerns, the author modified and augmented a procedure used by Bentz (1982). In order to increase comprehension and reduce confusion, a few simple word substitutions such as "kids" for "members" and "talk" for "discussions" were made to some questions. The questions were administered orally and it was found necessary to proceed on an individual basis with the majority of the residents due to such factors as short attention span and difficulties with comprehension. The author administered both forms of the Social Climate Scale. Care was taken to ensure that no question was changed in a manner that would either change or influence the direction of a subject's response. This procedure was intended to adhere to the instructions for test administration which state that "simple clarification of word meanings may be given upon request but care should be taken not to influence the direction of a subject's response" (Moos, 1974b, p. 11). A complete derivation of the residents Form R is found in Appendix B.

Each resident was asked to write the name of the cottage staff member who was "most special" to him or her on the back of the response form. This was an attempt to ascertain the effectiveness of the relationship staff role as emphasized in the treatment program at Mapleridge. All were assured that their responses were completely "private".

Adult Groups

All adult respondents were given published versions of the questionnaire with standard instructions from the author as to how to proceed.

Every participant in the study was assured that no one but the author would have access to, or be capable of identifying any individual's test results (Appendix C). All responses were coded and tabulated by the author.

Instrumentation

The Community-Oriented Programs Environment Scale, hereinafter referred to as the COPES, was employed in the examination of the social climate at Mapleridge. The COPES is a widely used instrument and was developed to assess the social environments of community-based treatment programs (Moos, 1974b). The majority of items on the COPES were adapted from the Ward Atmosphere Scale which was designed to assess the social environments of hospital-based psychiatric programs (Moos, 1974a). The COPES was selected by the researcher over the Community Institutions Environment Scale (Moos, 1974c) as it was judged as being more applicable to the environment under investigation. The anger and aggression subscale was eliminated from the Community Institutions Environment Scale as it did not seem appropriate to correctional facilities. "Whereas staff in treatment environments may strongly emphasize the open expression of anger and aggression (making this a relevant dimension of the social climate of psychiatric programs), this is clearly not true of most correctional programs . . . aggression is not a basic dimension of environmental press in correctional programs" (Moos, 1975, p. 40).

Each of the Social Climate Scales has two forms. The Real Form (Form R) asks people how they perceive their current social environment. The full 100 item scale is given in Appendix A. The Ideal Form (Form I) asks people how they conceive an ideal social environment. Form I was "developed to measure the goals and value orientation of residents and staff" (Moos, 1975, p. 48). The items on the Ideal Form directly parallel the items on the Real Form except that they are stated using the future tense.

Each form of the COPES consists of 100 questions presented in a true-false format. The choice of items was guided by the concept of environmental press which resulted in the 10 subscales as derived by Moos (1974b). The environmental press categories (subscales) which have been derived for the COPES are presented in Table 4.

Table 4

COPES Subscales and Definitions

RELATIONSHIP DIMENSIONS

1. Involvement	measures how active members are in the day-to-day functioning of their programs, i.e. spending time constructively, being enthusiastic, doing things on their own initiative.
2. Support	measures the extent to which members are encouraged to be helpful and supportive towards other members, and how supportive the staff is towards members.
3. Spontaneity	measures the extent to which the program encourages members to act openly and express their feelings openly.

TREATMENT PROGRAM DIMENSIONS

4. Autonomy	assesses how self-sufficient and independent members are encouraged to be in making their own decisions about their personal affairs (what they wear, where they go) and in their relationships with the staff.
5. Practical Orientation	assesses the extent to which the member's environment orients him towards preparing himself for release from the program. Such things as training for new kinds of jobs, looking to the future, and setting and working towards goals are considered.
6. Personal Problem Orientation	measures the extent to which members are encouraged to be concerned with their personal problems and feelings and to seek to understand them.
7. Anger and Aggression	measures the extent to which a member is allowed and encouraged to argue with members and staff, to become openly angry and to display other aggressive behaviour.

SYSTEM MAINTENANCE DIMENSIONS

8. Order and Organization	measures how important order and organization is in the program, in terms of members (how do they look), staff (what they do to encourage order) and the house itself (how well it is kept).
9. Program Clarity	measures the extent to which the member knows what to expect in the day-to-day routine of his program and how explicit the program rules and procedures are.
10. Staff Control	assesses the extent to which the staff use measures to keep members under necessary controls, i.e. in the formulation of rules, the scheduling of activities, and in the relationships between members and staff.

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Instrumentation: Test Statistics

The internal consistencies of subscales of the COPES have been calculated by Moos using the Kuder-Richardson Formula 20 (Moos, 1974b, p. 7). The "internal consistencies were calculated following Stern (1970) using average within-program item variances. The subscales have acceptable internal consistency and moderate to high average item to subscale correlations" (p. 7). The internal consistencies are shown in Table 5.

Table 5

Internal Consistencies for COPES Form R Subscales

Subscales	Internal Consistencies Members	Staff
Involvement	.79	.82
Support	.67	.64
Spontaneity	.63	.75
Autonomy	.62	.89
Practical Orientation	.64	.64
Personal Problem Orientation	.78	.84
Anger and Aggression	.82	.86
Order and Organization	.81	.87
Program Clarity	.68	.77
Staff Control	.61	.76
Mean	.79	.78

Data from Moos, R. **Community-Oriented Programs Environment Scale Manual,** (1974b, p. 6).

The average item to subscale correlation for the COPES obtained from the initial group of 21 programs was reported as varying from a high of .53 on Order and Organization in the staff sample, to a low of .38 on Autonomy on the member sample.

The intercorrelations of the 10 subscale scores for the same programs show "the highest intercorrelation is .50 and the only cluster of subscales that showed even moderate intercorrelations in both member and staff samples was composed of the Relationship dimensions of Involvement, Support and Spontaneity" (Moos 1974b, p. 7).

The average correlation among the subscales was .23 for the member sample and .24 for the

staff sample. Moos concludes: "the 10 dimensions measure rather distinct although correlated characteristics of member and staff perceptions of community-based program treatment environments" (1974, p. 232).

Test-retest reliability, profile stability, and relationships of the subscales to the background variables of the respondents and to social desirability scales have not been calculated for the COPES. "However these factors have been analyzed for the Ward Atmosphere Scale and all were found to be satisfactory" (Moos, 1974b, p. 8). Moos posits that the "structure of the ten COPES and the ten Ward Atmosphere Scale subscales are directly parallel, and since patient and staff characteristics in the two types of programs are closely comparable, these results may be generalized as applicable to COPES" (1974b, p. 8). The test statistics for the Ward Atmosphere Scale are found in Moos, 1974, Chapter Three. Reliability and profile stability are discussed here as particularly relevent to the study.

The test-retest reliability was calculated on 42 members each of whom took the Ward Atmosphere Scale one week apart. The reliabilities ranged from somewhat low on Spontaneity (.69) and Practical Orientation (.68) to Involvement (.79) and Support (.78).

"From the point of view of characterizing treatment programs, a more important question is related to the stability of the overall ward profile" (Moos, 1974, p. 64). Table 6 shows the profile stability based on test-retest intervals of 1 week to 3 years, 4 months.

Table 6.

Test-Retest Profile Stability

Test-Retest Interval	Number of Wards	Average Profile Correlations	
		Patients	Staff
1 week	2	.92	.91
1 - 2 months	7	.76	.85
4 - 7 months	4	.77	.89
9 months	2	.70	.78
14 - 15 months	2	.70	.92
2 - 2.5 years	7	.76	.83
3 years, 4 months	1	.73	.86

Data from Moos, R. **Evaluating Treatment Environments,** (1974, p. 64).

The results suggest that the profile stability of wards that have a consistent treatment philosophy is "extremely high over relatively long periods of time" (Moos, 1974, p. 64). Moos states that "we can tentatively conclude that the treatment environment of a program does not necessarily depend on the specific patients in that program" (p. 65).

Research Questions

In this study, the author designed the following research questions as they relate to the social climate of a community-based treatment facility for disturbed children.

Research Question 1

Are there substantial differences among cottages in resident and cottage staff evaluations of the current social climate and what would constitute an ideal social climate? The research indicates that variations among programs within one institution are often as large as variations among programs in different institutions (Moos, 1975).

Research Question 2

Are there substantial differences between residents and cottage staff in rating both the current social climate and what would constitute an ideal social climate? Resident ratings are generally

expected to be more negative than staff (Moos, 1975).

Research Question 3

Are there substantial differences among treatment services group members' perceptions of the individual settings as compared to the settings evaluated as a composite or homogenous entity?

Research Question 4

Are there substantial differences among all groups in their ratings of the current and ideal social climate when the settings are evaluated as a composite or homogenous entity?

Evaluation of the Data

The data obtained from the study are reported in terms of a descriptive technique. In deciding whether or not a groups' responses lend support or non-support to research questions, the author chose to use the normative statistics which were derived for the COPES and are based on mean differences. The intent was not to compare Mapleridge to the normative sample but rather to provide a quantitative comparison of results among groups in answering the research questions.

Results are discussed as they pertain to scores measured on the ten subscales and the three Relationship dimensions, four Treatment Program dimensions and three System Maintenance dimensions. Ideal and Real-Ideal differences are discussed based on mean differences as they relate to research questions. Raw scores are reported in order that one may judge in which areas the five groups perceived themselves to be at, below or above average on the three dimensions and ten subscales of the COPES.

The results are depicted graphically in the sequence and format employed by Moos (1974b). Results obtained from the COPES Form R are depicted in terms of subscale means based on raw scores. Companion figures, based on standard scores, are in Appendix E. Results obtained on the COPES Form I are depicted in terms of the subscale means based on raw scores. The amount of change desired, (Real-Ideal Discrepancies), was calculated by subtracting the Form R subscale means from the Form I subscale means.

Moos refers to resident-staff differences as being of "substantial magnitude" when referring to a difference of "2 mean raw score points (on subscales having only 9 or 10 items)" (1974, p. 67). The author therefore chose the following criteria for discussion of the results:

Substantial difference: There is a mean raw score difference of 2 to 2.5 points on subscale ratings.

Very substantial difference: There is a mean raw score difference of 3 or more points on subscale ratings.

The same criteria is used to examine Ideal and Real-Ideal differences for programs and groups in the discussion of results.

CHAPTER V

FINDINGS AND CONCLUSIONS

Introduction

The data accumulated from the COPES (Form R and Form I), as obtained from the five defined groups, is presented in four sections: Differences among programs as rated by the cottage staff and residents, differences between the cottage staff and residents' ratings, differences among the programs from the treatment services group perspective and differences among all Mapleridge groups. The specific research question, dealing with each of these sections, appears at the beginning of the section, followed by the findings in each section and ending with a conclusion as to whether or not the research question was supported by the findings.

Interpretation of Results

Moos stresses "the importance of doing an entire profile analysis of a program, rather than attempting to interpret each subscale individually. High Staff Control in a program that strongly emphasizes Involvement and Support may mean something quite different from high Staff Control in a program low on Involvement and Support" (Moos, 1975, pp. 113, 114). Therefore each research question is addressed from a complete profile perspective, although differences on subscale ratings are considered according to the criteria established for discussion of substantial differences.

Abbreviations Used in Figures and Tables

The following abbreviations apply in interpreting figures showing group profiles (Figures 1 through 29) and summary results (Tables 7 through 9).

CC — Cottages Combined
CI — Cottage I
CII — Cottage II
CIII — Cottage III
CIV — Cottage IV

Res — Residents
CS — Cottage Staff
TSG — Treatment Services Group
PS — Program Specialists
ST — Practicum Students
AA — All Adults

In all Figures depicting group profiles, the first letters of individual subscales names forms the abbreviation. For example; I (Involvement), S (Support), etcetera. A complete Table of Abbreviations

is contained in Appendix D.

Research Question 1

Are there substantial differences among cottages in resident and cottage staff evaluations of the current social climate and what would constitute an ideal social climate?

Differences Among and Within Cottages.

The real differences among and within cottages are depicted in terms of subscale means. Companion Figures, based on standard scores, are in Appendix E.

The COPES Form R scale profiles for the residents and cottage staff on Cottage I are depicted in Figure 1. The residents and staff in this program have different perceptions in several areas.

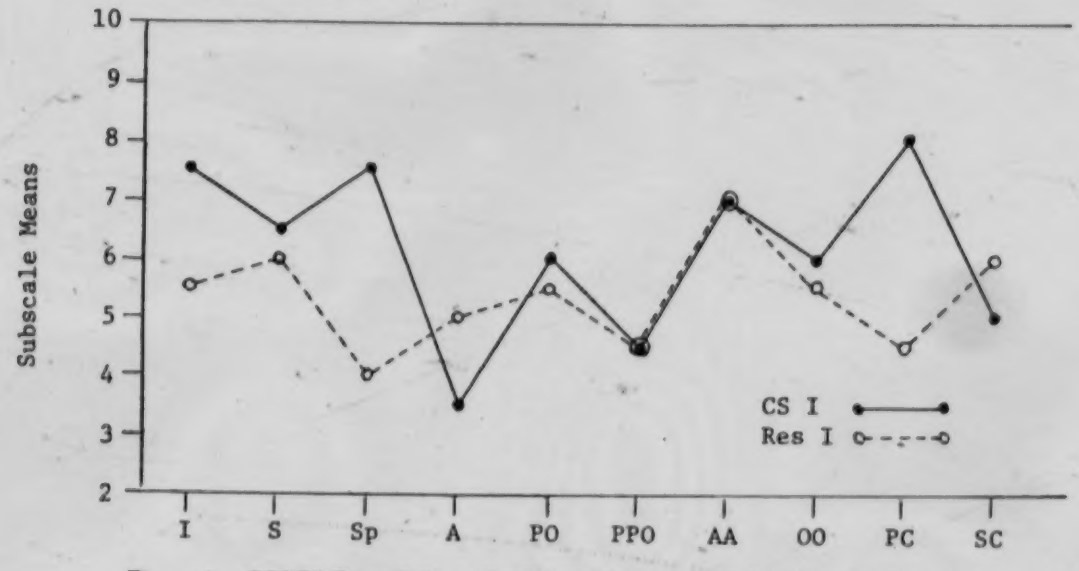

Figure 1. COPES Form R Scale Profiles for Residents and Staff on Cottage I

The cottage staff perceived above average emphasis on the Relationship dimensions of Involvement and Spontaneity. The residents rated the current press on these dimensions as below to well below average with a substantial to very substantial difference (2 and 3.5 mean raw score points) of opinion between the two groups. They basically agreed on three of the Treatment Program dimensions with an interesting difference of rating shown on the Autonomy subscale where the residents perceived more press towards independent functioning than the cottage staff. There was a very substantial difference between the staff and resident perceptions of the current press towards explicit program rules and procedures in the cottage program (3.5 mean raw score points difference). The residents

perceived more emphasis on measures staff used to keep them under the necessary controls, but the difference was not substantial. The most congruence appeared on the Treatment Program Dimensions with the most variation shown on the Relationship dimensions.

The COPES Form R scale profiles for the residents and cottage staff on Cottage II are depicted in Figure 2. There was less variability in this program between resident and staff perceptions of the current social climate.

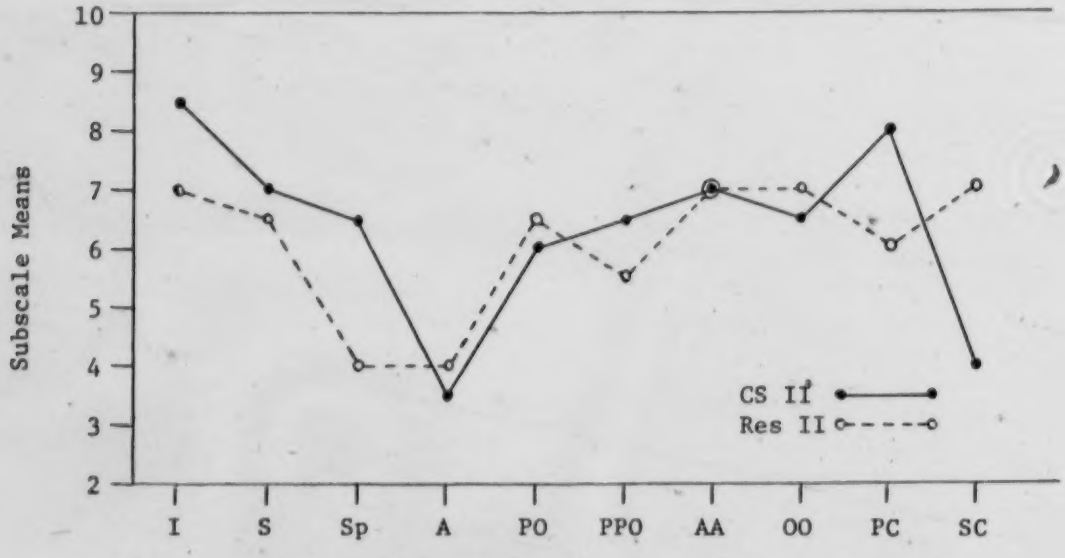

Figure 2. COPES Form R Scale Profiles for Residents and Staff on Cottage II

The profiles show general agreement on the Treatment Program dimensions which are above average with the exception of the current press towards self-sufficiency (Autonomy). The residents perceived slightly more emphasis on Autonomy and Practical Orientation than the cottage staff.

On the Relationship dimensions, staff and residents rated above average press towards active functioning and enthusiasm in their program (Involvement). They agreed that the milieu is generally supportive. The only Relationship dimension where the two groups disagreed was the extent to which the program encourages residents to act and express their feelings openly (Spontaneity). There was a substantial difference of 2.5 mean raw score points between the cottage groups. There was a clear difference of perception on two of the System Maintenance dimensions: Program Clarity and Staff Control. The cottage staff rated a strong press towards making program rules and procedures explicit. The residents disagreed and there was a substantial difference of 2 mean raw score points.

The difference of perception was particularly evident on the Staff Control subscale with a 3 mean raw score points discrepancy between the two groups' evaluations. In the Cottage II program, there was notable agreement found on seven of the ten subscales and the Treatment Program dimensions in particular.

The COPES Form R scale profiles for the residents and cottage staff on Cottage III are depicted in Figure 3. The residents and staff in this program have different perceptions in several areas.

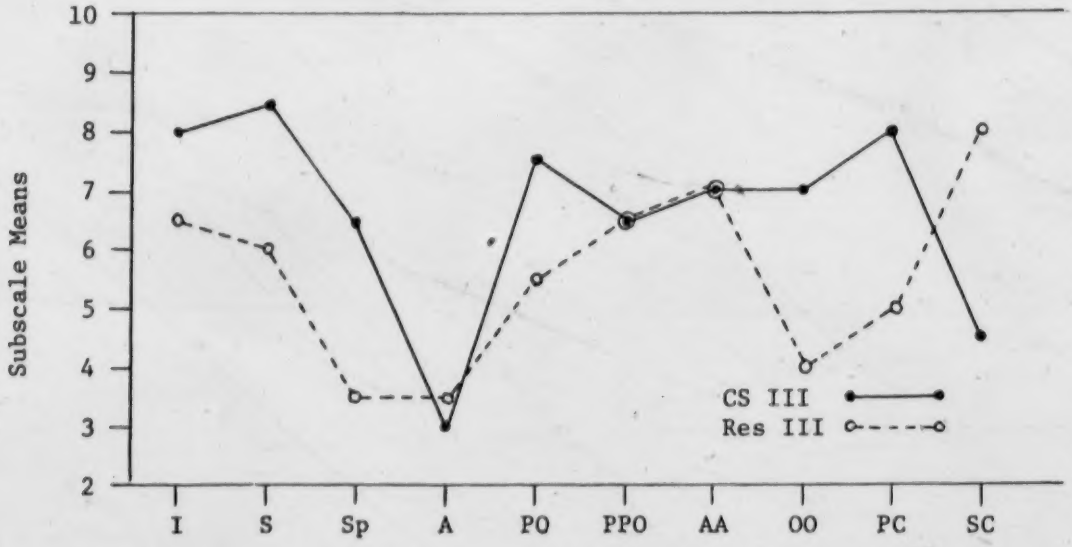

Figure 3. COPES Form R Scale Profiles for Residents and Staff on Cottage III

The cottage staff perceived strong press on the Relationship dimensions generally; three of the four Treatment Program dimensions, combined with a strong press towards Program Clarity and below average emphasis on Staff Control. The residents disagreed on the perceived environmental press on two of the Relationship dimensions: Support and Spontaneity (2.5 and 3 mean raw score points difference respectively). The groups agreed that Autonomy was not strongly emphasized with the residents rating slightly more current press than the staff. There was a substantial difference of 2 mean raw score points found on the extent to which the environment encourages preparation for discharge from the program (Practical Orientation). There was congruence concerning strong press towards Personal Problem Orientation and open expression of angry feelings and behaviour. There were very substantial differences found on the three System Maintenance dimensions (3, 3 and 3.5 mean raw score points difference on Order and Organization, Program Clarity and Staff Control).

The residents rated low emphasis on the importance of a neat and orderly home and explicit program rules and procedures. They perceived a strong press towards measures which staff use to maintain the necessary controls. The most agreement was found on the Relationship dimension of Involvement and three of the four Treatment Program dimensions.

The COPES Form R scale profiles for the residents and cottage staff on Cottage IV are depicted in Figure 4. The residents and staff have different perceptions in several areas which are most evident on the Relationship dimensions.

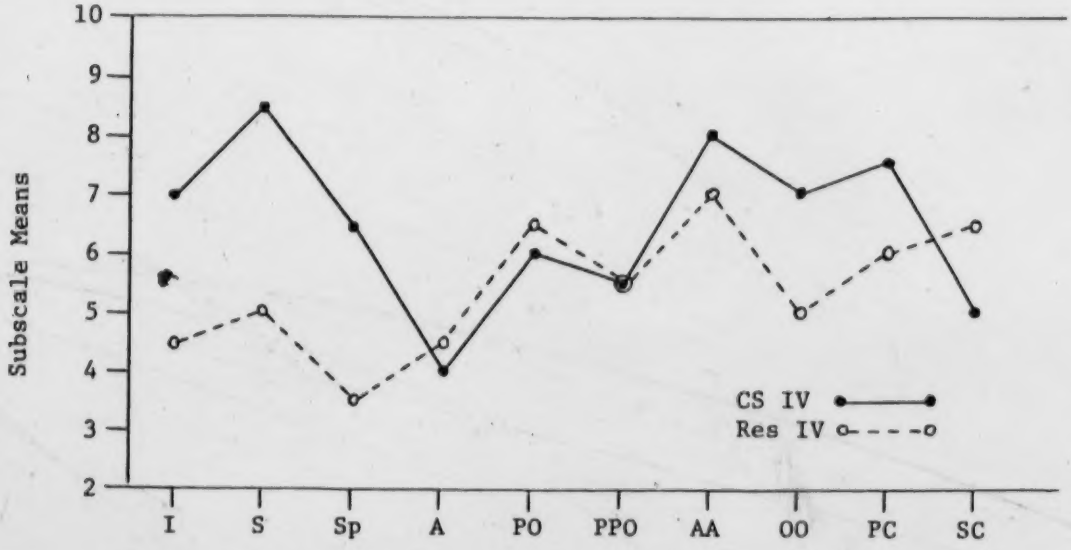

Figure 4. COPES Form R Scale Profiles for Residents and Staff on Cottage IV

The staff rated the current press on all the Relationship dimensions above to well above average. The residents disagreed, with a difference of 2.5, 3.5, and 3 mean raw score points found on the Involvement, Support and Spontaneity subscales. There was more agreement on the Treatment Program dimensions. Both groups perceived the press towards learning to be self-sufficient as very low with the residents rating slightly higher than the cottage staff. The degree to which the program emphasizes preparation for discharge (Practical Orientation) was rated as average as was the emphasis placed on personal problem solving (Personal Problem Orientation). Both groups rated the open expression of anger as being highly emphasized with the staff rating more actual press than the residents. On the System Maintenance dimensions, there was a substantial difference of 2 mean raw score points between the resident and staff perceptions of Order and Organization in their milieu. The

staff rated clarity of program rules and procedures above average; the residents perceived below average press on this domain. They also differed on their perceptions of measures staff employ to maintain the necessary controls but the difference was not substantial. In summary, there were substantial to very substantial differences between staff and resident perceptions of press on the Relationship dimensions, Order and Organization and Program Clarity in their social climate. The Treatment Program dimensions showed the most congruence between the two groups.

Summary Analysis of Real Differences

In summary, a configurational analysis of results show substantial differences between residents and cottage staff perceptions of their social milieus on the results of the COPES Form R. The most consistent agreement generally was found on the Treatment Program dimensions with substantial to very substantial differences among programs on the Relationship dimensions. There was considerable variation on the Systems Maintenance dimensions with the exception of the Order and Organization subscale in Cottages I and II, where both groups basically agreed on the current emphasis. The most congruence between staff and residents was found in the profile of Cottage II, whereas the most environmental press towards the Relationship and System Maintenance Dimensions was found on the staff profile of Cottage III. Although the press towards Autonomy was very substantially below average in all programs, the residents perceived it to be somewhat higher than staff in all cottages. There was close agreement among all cottages concerning the emphasis placed on Staff Control with the staff ratings lower to very substantially lower than the residents (3 and 3.5 mean raw points difference on Cottages II and III). The overall results indicate that there are substantial overall differences among the cottages in terms of how they perceived their current social climate which relate primarily to the perceptions of the residents. This was particularly true of Relationship and System Maintenance dimensions with the most congruence among programs appearing on the Treatment Program dimensions. There was considerable variation among the four cottages as to the degree of press perceived on these dimensions as well.

Ideal and Real-Ideal Differences

The COPES Form I profiles for residents and cottage staff and the Real-Ideal differences among programs are depicted in Figures 5 to 12.

Cottage I: Ideal and Real-Ideal Differences

The COPES Form I scale profiles for the residents and cottage staff on Cottage I are depicted in Figure 5.

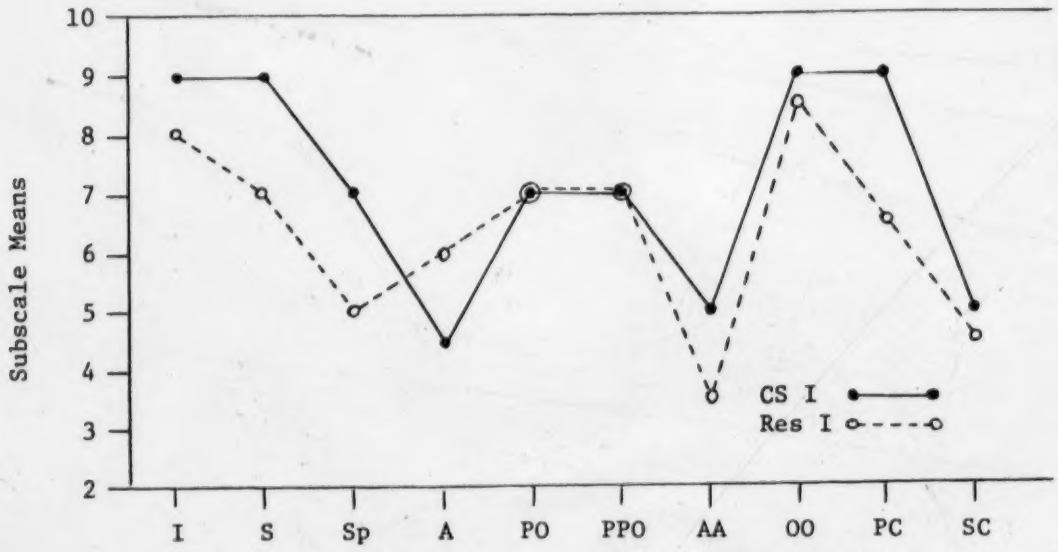

Figure 5. COPES Form I Scale Profiles for Residents and Staff on Cottage I

The cottage staff and residents basically agreed on the type of program that would be ideal except that the residents' preference for press towards a supportive milieu, Spontaneity, open expression of anger and Program Clarity is substantially less than that preferred by staff (2, 2, 2 and 2.5 mean raw score points difference). The residents would like more emphasis placed on the press towards self-sufficiency (Autonomy). The two groups agreed on the amount of emphasis that Practical Orientation and Personal Problem Orientation should receive ideally. The cottage staff and the residents share very similar value orientations with respect to their preference for a strong press towards Order and Organization and a low level of Staff Control in an ideal living environment.

Figure 6 compares the degree of change that the residents and the staff would like to see in the program.

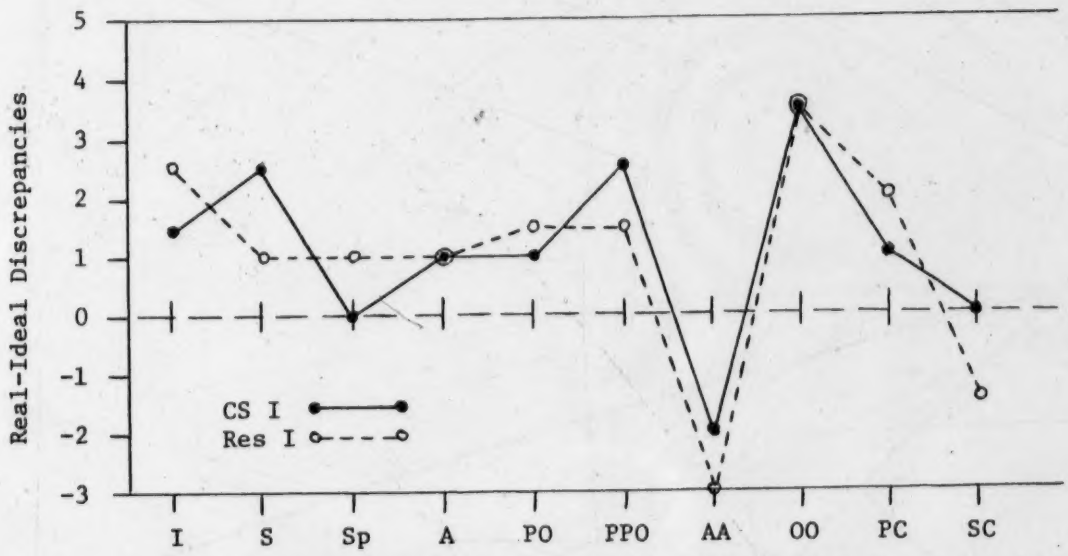

Figure 6. Real-Ideal Discrepancies as Perceived by Residents and Staff on Cottage I

The profile shown in Figure 6 depicts the amount of increase or decrease needed in order for the program to become ideal as the residents and staff conceptualize it. It also indicates which areas are satisfactory in relationship to their ideals. The residents would prefer substantially increased emphasis on active day-to-day functioning in their program whereas staff rated a preference for substantially increased press towards providing a supportive milieu. The staff also wish substantially increased emphasis on Personal Problem Orientation. Both the residents and staff agree that they want very substantial to substantial decreases on the emphasis on open expression of Anger and Aggression. They also agreed that they want very substantially increased emphasis on Order and Organization in an ideal milieu. The staff were satisfied with the current emphasis on Staff Control but the residents would prefer a decrease. The residents and staff generally agreed on the direction of change they wish to have.

Cottage II: Ideal and Real-Ideal Differences

The COPES Form I scale profiles for the residents and cottage staff on Cottage II are depicted in Figure 7.

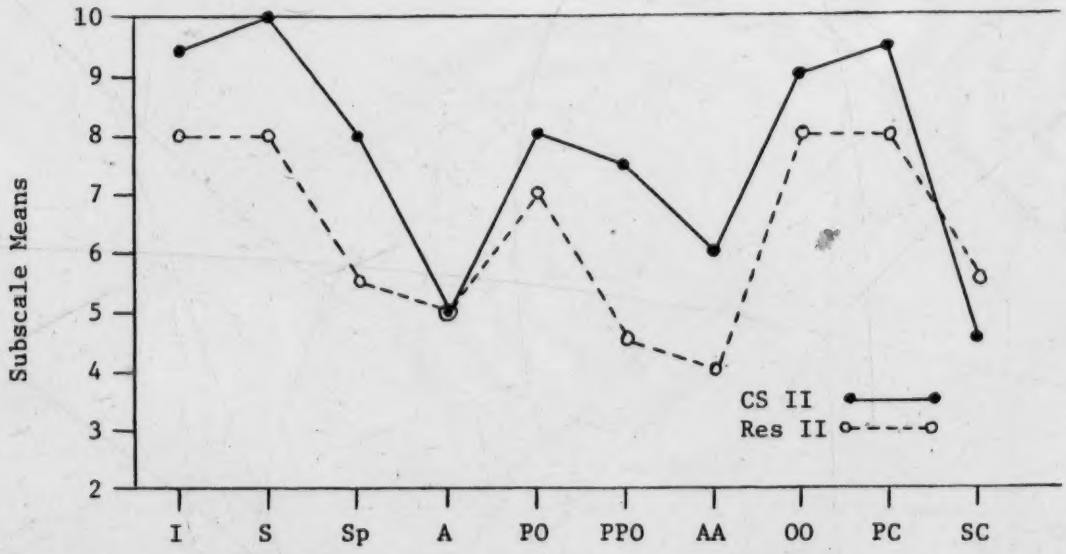

Figure 7. COPES Form I Scale Profiles for Residents and Staff on Cottage II

The cottage staff and residents basically agreed on the direction of emphasis they would prefer in an ideal program. They disagreed in three areas. Although both groups want strong press on two of the Relationship dimensions, the residents would place substantially less emphasis on Spontaneity than the staff. The other two differences are found on the Treatment Program dimensions where the residents would prefer very substantially less emphasis on Personal Problem Orientation (3 mean raw score points difference), and substantially less emphasis on open expression of anger (2 mean raw score points difference) when compared to the preference of cottage staff. The residents would prefer more emphasis on Staff Control than the staff, but the difference is not substantial.

Figure 8 compares the degree of change that the residents and staff would like to see in the program.

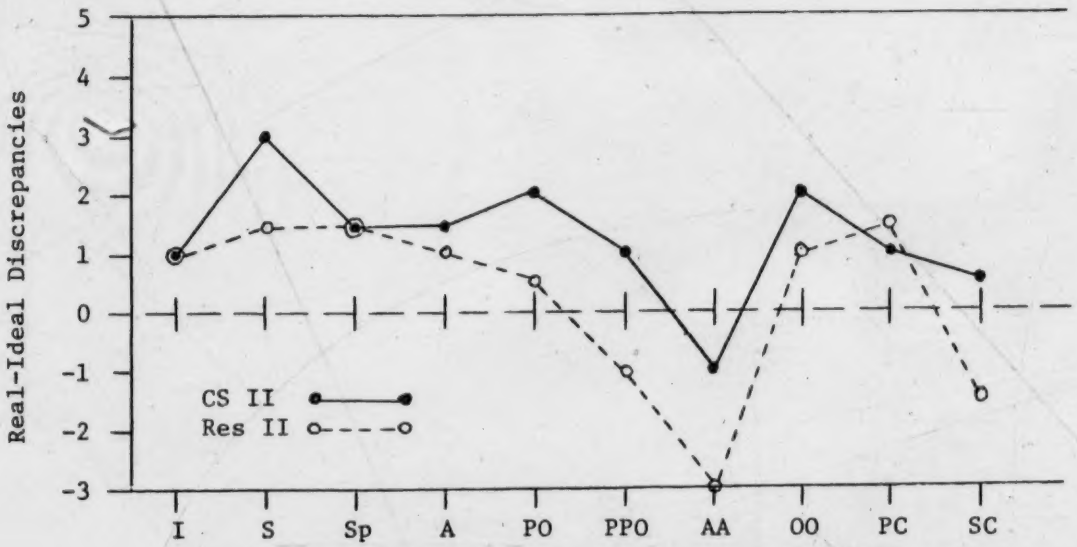

Figure 8. Real-Ideal Discrepancies as Perceived by Residents and Staff on Cottage II

The profile shown in Figure 8 depicts the amount of increase or decrease needed in order for the program to become ideal as conceptualized by the two groups. It also shows which program areas are satisfactory in relationship to their goals and ideals. They would prefer to have moderate to very substantial increases on the Relationship dimensions (an increase of 3 mean raw score points increase on press towards a supportive milieu from the perspective of cottage staff). The staff would like an increase in Personal Problem Orientation but the residents wish for a decrease from their real milieu. The two groups agreed that they would prefer less emphasis on open expression of anger but the residents wish for a very substantial decrease. They agreed that clarity of rules, routines and procedures (Program Clarity) would be strongly emphasized ideally. Staff would like a slight increase in the press towards Staff Control but the residents want a considerable decrease. They agreed that an orderly and organized environment would be important, with the cottage staff wanting a substantial increase when compared to their evaluation of the real press on this dimension.

Cottage III: Ideal and Real-Ideal Differences

The COPES Form I profiles for the residents and cottage staff on Cottage III are depicted in Figure 9.

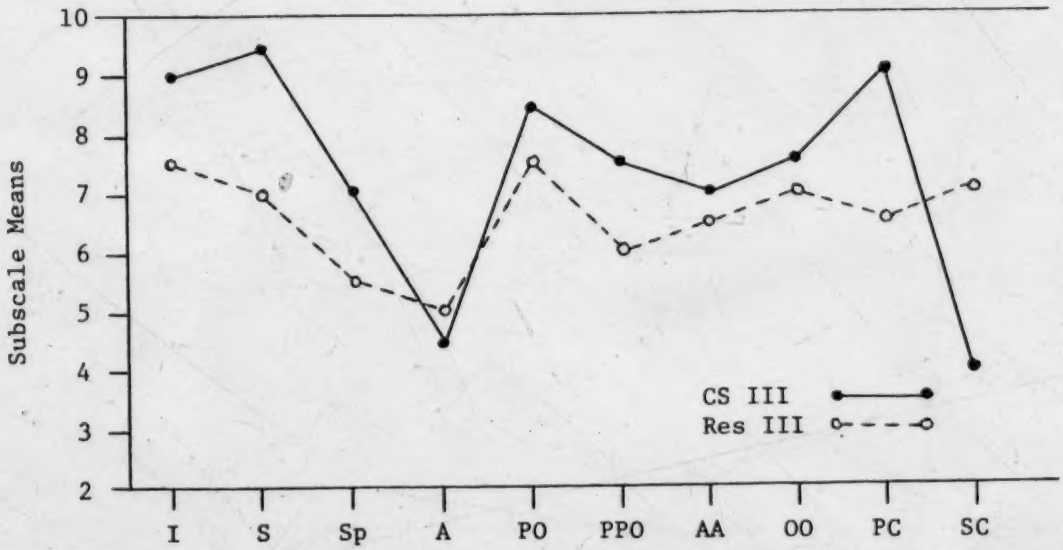

Figure 9. COPES Form I Scale Profiles for Residents and Staff on Cottage III

The residents and cottage staff showed close agreement in their perception of the press the Treatment Program dimensions would receive in an ideal social climate including modest emphasis on programming towards independent functioning. They agreed that the environmental press on preparation for discharge from the program, through setting and working towards goals, would be strongly emphasized, and that the open expression of anger would continue as being therapeutic in an ideal milieu. The staff would prefer maximum emphasis on Program Clarity combined with a low level of Staff Control. The residents disagreed, with a substantial difference of 2.5 mean raw points found on the Program Clarity dimension. The residents would prefer that Staff Control is emphasized in an ideal social climate which differentiates Cottage III residents from all other resident groups. On the Relationship dimensions, a substantial difference of preferred environmental press appeared concerning the degree to which a supportive milieu would be emphasized. The cottage staff would prefer maximum press on this dimension while the residents' rating showed a 2.5 mean raw score points difference in degree of preferred press.

Figure 10 compares the degree of change that the residents and staff would like to see in the program.

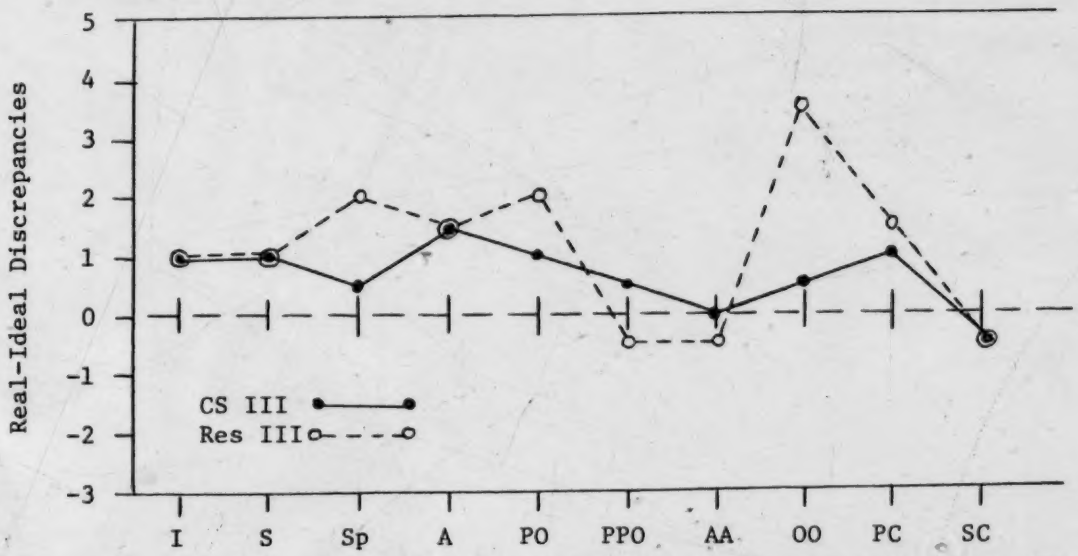

Figure 10. Real-Ideal Discrepancies as Perceived by Residents and Staff on Cottage III

The profile shown in Figure 10 depicts the amount of increase or decrease needed in order for the program to become ideal as conceptualized by the two groups. The areas which are satisfactory in relationship to their goals and values are also shown. The cottage staff do not show any preference for substantial increases or decreases on any of the ten subscales. They would prefer modestly increased environmental press on eight dimensions, no change from the perceived social climate concerning open expression of anger, and a very slight decrease on Staff Control. The residents would like substantially increased emphasis on Spontaneity and Practical Orientation. Their ideal social climate would require very substantially increased emphasis on Order and Organization in their living environment (3.5 mean raw score points increase). They would like slightly decreased emphasis on Personal Problem Orientation, Anger and Aggression, and Staff Control. The amount of change required to attain an ideal milieu shows close agreement on six of the ten dimensions.

Cottage IV: Ideal and Real-Ideal Differences

The COPES Form I profiles for the residents and cottage staff on Cottage IV are depicted in Figure 11.

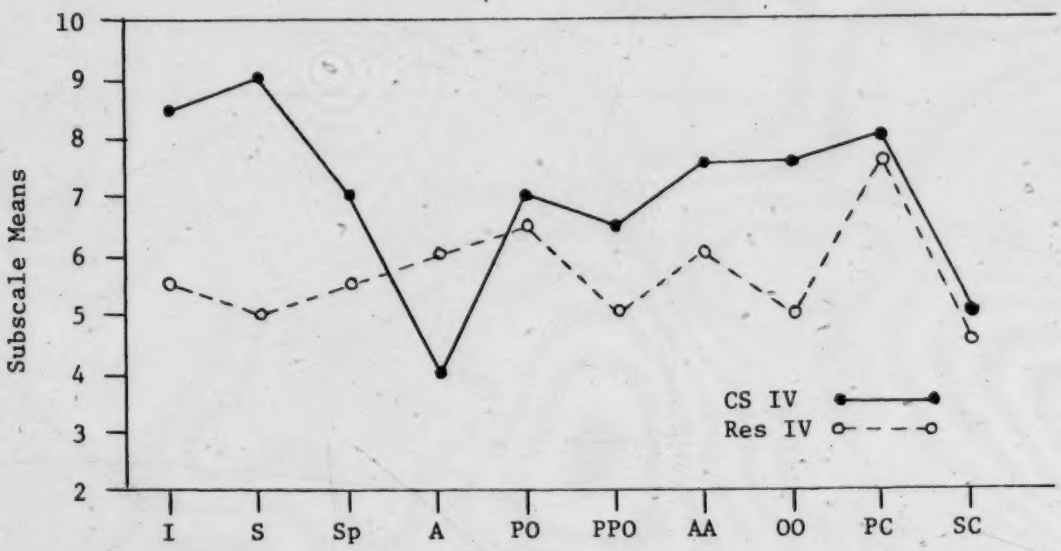

Figure 11. COPES Form I Scale Profiles for Residents and Staff on Cottage IV

The cottage staff and residents have very different preferences in several areas concerning an ideal social climate. The difference was very substantial on the Relationship dimensions of Involvement and Support (3 and 4 mean raw score points difference respectively). The cottage staff placed very high emphasis on both dimensions while the residents did not rate either domain as being important in an ideal milieu. There was a substantial difference of 2 mean raw score points between the two groups' rating concerning the ideal emphasis on environmental press towards independent functioning (Autonomy). They disagreed on the System Maintenance dimension of Order and Organization with the staff rating an orderly and organized milieu as being very important. A substantial difference of 2.5 mean raw score points was found between the two groups. They agreed that Program Clarity would be strongly emphasized ideally, and that Staff Control would not be strongly emphasized.

Figure 12 compares the degree of change that the residents and staff would like to see in the program.

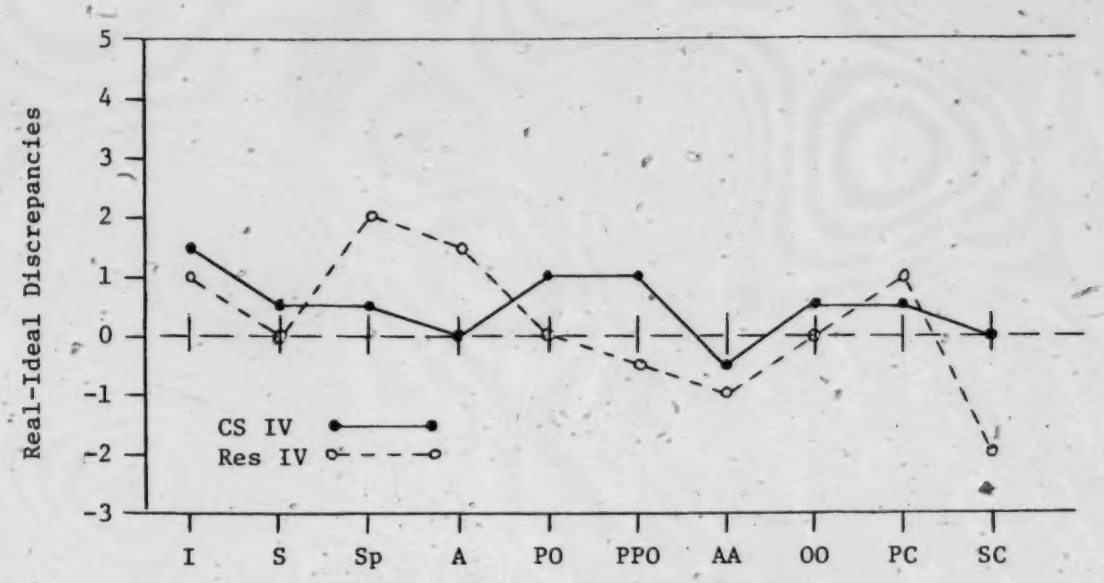

Figure 12. Real-Ideal Discrepancies as Perceived by Residents and Staff on Cottage IV

The profile shown in Figure 12 depicts the amount of increase or decrease needed in order for the program to become ideal as conceptualized by the two groups. The areas which are satisfactory in relationship to their goals and values are also shown. The cottage staff profile shows that they do not want substantial increases or decreases on any of the ten subscales. They were satisfied with the current environmental press on Autonomy and Staff Control. The staff ratings show that the most change that they would prefer would be on the Involvement, Practical Orientation and Personal Problem Orientation dimensions. The residents would prefer substantially increased press on Spontaneity (2 mean raw score points increase), and substantially decreased environmental press on Staff Control (2 mean raw score points decrease). They were satisfied with the current emphasis on a supportive milieu, Practical Orientation and Order and Organization. The residents would like more emphasis on environmental press towards independent functioning (Autonomy). This is noted in view of the staff's satisfaction with the current low emphasis on this domain.

Summary Analysis of Ideal and Real-Ideal Differences

A configurational analysis of results shows that there are differences from an ideal social climate perspective which are particularly evident and, in areas, substantial from the residents' perspective. The general consensus showed a desire for increased press on the Relationship dimensions with cottage staff desiring more increase than the residents. Spontaneity was the least

emphasized of the Relationship dimensions by both groups. Although showing a preference for increased press on these dimensions, Cottage IV residents showed less press in this direction than all other residents. Most staff and residents would prefer increased emphasis on independent functioning in their programs, with the Cottage IV residents preferring the most substantial increase while the Cottage IV staff do not wish any change from the current press in this direction. All staff would prefer increased press towards Practical Orientation which varied from slight to substantial (2 mean raw score points increase on Cottage II). Residents on Cottages I and III want a greater increase than the staff whereas residents on Cottage IV were satisfied in this domain. Residents on Cottages II, III and IV would prefer less emphasis on Personal Problem Orientation while residents on Cottage I wish for a substantial increase. The cottage staff on Cottage I would prefer substantially increased press on this dimension. With the exception of Cottage III staff and residents, all other cottages would prefer a moderate to very substantial decrease (residents on Cottages I and II) in open expression of Anger and Aggression. Cottage I staff and residents, and Cottage III residents would prefer a substantial increase in Order and Organization in their social climate (2.5 to 3 mean raw score points increase). All resident groups would prefer more Program Clarity which varies from moderate (1.5 and 1 mean raw score points increase on Cottages III and IV), to substantial (2 mean raw score points increase on Cottages I and II). All staff groups perceived a strong press towards Clarity in their current programs but Cottage II staff would prefer a substantial increase (2 mean raw score points). Cottage staff were generally satisfied with the perceived level of Staff Control in their programs. All residents would prefer decreases in an ideal milieu. Cottage IV residents would prefer a substantial decrease (2 mean raw score points) while Cottage III residents would prefer a high level of Staff Control in an ideal social climate.

Generally, an ideal program would have increased emphasis on the Relationship and System Maintenance dimensions with continued emphasis on the Treatment Program dimensions.

Conclusion

The first research question is supported in the direction that there are substantial differences among programs from a current social climate perspective, particluarly on the Relationship and System Maintenance dimensions as perceived by the residents. There was considerable agreement

on the Treatment Program dimensions including the significantly low level of press towards independent functioning (Autonomy). There were few substantial differences from a cottage staff perspective with respect to an ideal social climate, with preference for heavy emphasis on Involvement, Support and Program Clarity clearly indicated. There were substantial differences among the resident groups, particularly as they related to Involvement, Support and Personal Problem Orientation. The emphasis that open expression of anger should receive in an ideal milieu was rated very differently by Cottages I and II (low emphasis preferred) and Cottages III and IV (average emphasis preferred). Generally, most of the residents and staff appeared to have more similar goals and values with respect to an ideal program, although staff ratings were generally more positive than residents (ideal emphasis on Autonomy being the exception).

The summary of Real-Ideal differences by setting are found in Table 7.

TABLE 7

Summary and Configuration of Substantial
Real-Ideal Differences by Setting

Setting	Subscales I	S	Sp	A	PO	PPO	AA	OO	PC	SC
Residents										
CC	–	–	–	–	NC	–	D	–	–	–
CI	I	–	–	–	–	I	D•	I•	I	–
CII	–	–	–	–	–	–	D•	–	I	–
CIII	–	–	I	–	I	–	–	I•	–	–
CIV	–	NC	I	–	NC	–	–	NC	–	D
Cottage Staff										
CC	–	I	–	–	–	–	–	–	–	NC
CI	–	I	NC	–	–	I	D	I•	–	NC
CII	–	I•	–	–	I	–	–	I	–	–
CIII	–	–	–	–	–	–	NC	–	–	–
CIV		–	–	NC	–	–	–	–	–	NC

I• – refers to preference for a very substantial increase (3 or more mean raw score points difference).

I – refers to preference for a substantial increase (2 - 2.5 mean raw score points difference).

D• – refers to preference for a very substantial decrease (3 or more mean raw score points difference).

D – refers to preference for a substantial decrease (2 - 2.5 mean raw score points difference).

NC – refers to no change desired.

Research Question 2

Are there substantial differences between residents and cottage staff in rating both the current social climate and what would constitute an ideal social climate?

In order to investigate the differences between resident and cottage staff evaluations of their current and ideal social climate, the residents and staff from the four cottages were combined into two groups of 33 and 32 respectively.

The real differences between the two groups are depicted in terms of subscale means. Companion figures, based on standard scores, are in Appendix E.

Real Differences Between Residents and Cottage Staff

The COPES Form R scales profiles for the residents and cottage staff are depicted in Figure 13.

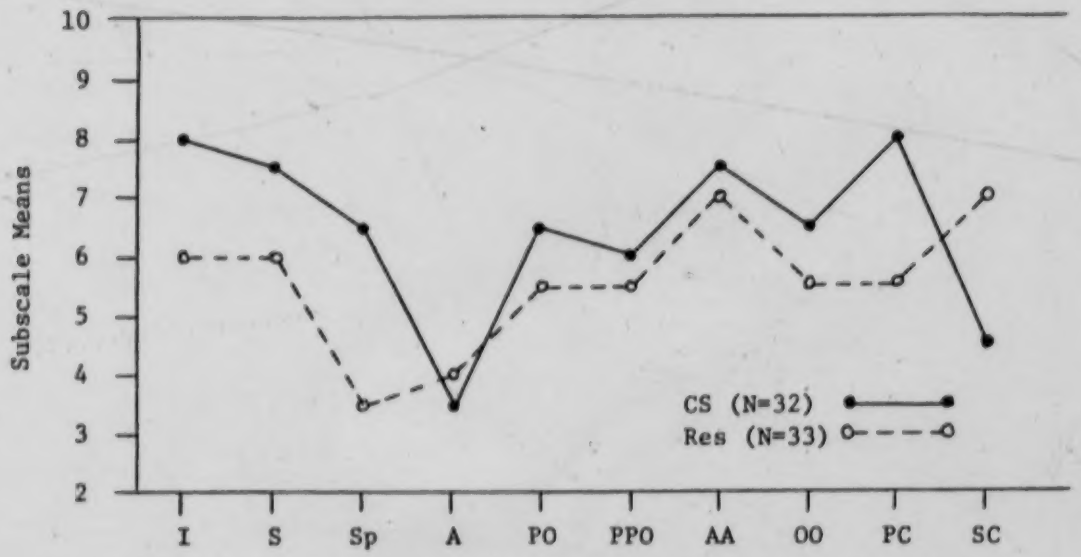

Figure 13. COPES Form R Scale Profiles for Residents and Cottage Staff

The residents and staff have very different perceptions in several areas. The difference was substantial and very substantial concerning the current environmental press on the Relationship dimensions of Involvement and Spontaneity (2 and 3 mean raw score points difference respectively). The staff perceived above average emphasis on the Relationship dimensions while the residents perceived little Spontaneity in their current milieu. There was generally close agreement between the two groups on the current press that the Treatment Program dimensions receive including low

emphasis on measures employed to assist the residents toward independent and self-sufficient functioning (Autonomy). They further agreed that the open expression of anger was highly emphasized and encouraged.

There were substantial differences between the resident and staff perceptions of environmental press on the System Maintenance dimensions of Program Clarity and Staff Control (2.5 mean raw score points difference). The residents did not agree that the program rules and procedures are made explicit. They also felt that the staff ordered them around and that it was important to follow the program rules carefully. The cottage staff disagreed, perceiving instead strong emphasis on Program Clarity and low emphasis on Staff Control.

In summary, the program profile depicts general agreement on the Treatment Program dimensions, showing low emphasis on Autonomy with Anger and Aggression highly emphasized in the current social climate. There were substantial differences of perceptions concerning the current emphasis on Relationship and System Maintenance dimensions. The findings show that the cottage staff generally perceived their programs more positively than the residents.

Ideal Differences Between Residents and Cottage Staff

The COPES Form I scale profiles for the residents and cottage staff are depicted in Figure 14.

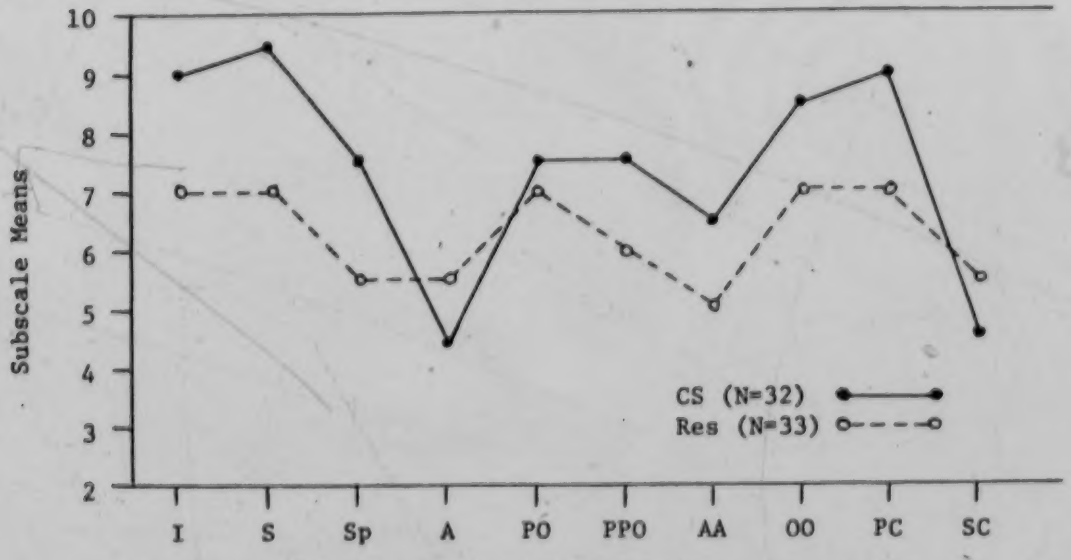

Figure 14. COPES Form I Scale Profiles for Residents and Cottage Staff

The cottage staff and residents generally agreed on the direction of environmental press in an

ideal milieu, but there are substantial differences with respect to the degree of emphasis that four of the ten dimensions should receive ideally. This is particularly evident on the Relationship dimensions where the cottage staff wish substantially more emphasis on Involvement, Support and Spontaneity than the residents (2, 2.5 and 2 mean raw score points difference).

There is less discrepancy on the Treatment Program dimensions where the cottage staff ideal ratings show that they would prefer generally less environmental press than they would prefer on either the Relationship or System Maintenance dimensions. The staff would not place strong emphasis on independent functioning in an ideal milieu, but the residents wish for more environmental press than the staff. The residents ideal profile shows that the open expression of anger and aggression would ideally receive less environmental press than all other domains.

The cottage staff would prefer strong emphasis on the home being neat and orderly (Order and Organization), and clear program rules and expectations (Program Clarity). The residents would be satisfied with substantially less press towards Program Clarity than the staff (2 mean raw score points difference). There was close agreement between the two groups concerning the emphasis that Staff Control should receive in an ideal program.

In summary, the cottage staff would like strong emphasis on the Relationship dimensions and the System Maintenance dimensions of Order and Organization and Program Clarity in an ideal program. This would be combined with low emphasis on Autonomy and Staff Control with which the residents agreed, although preferring slightly more emphasis than the cottage staff. The findings show that the cottage staff generally perceive an ideal program more positively than the residents.

Real-Ideal Discrepancies

Figure 15 compares the degree of change that the residents and cottage staff would like to see in the program.

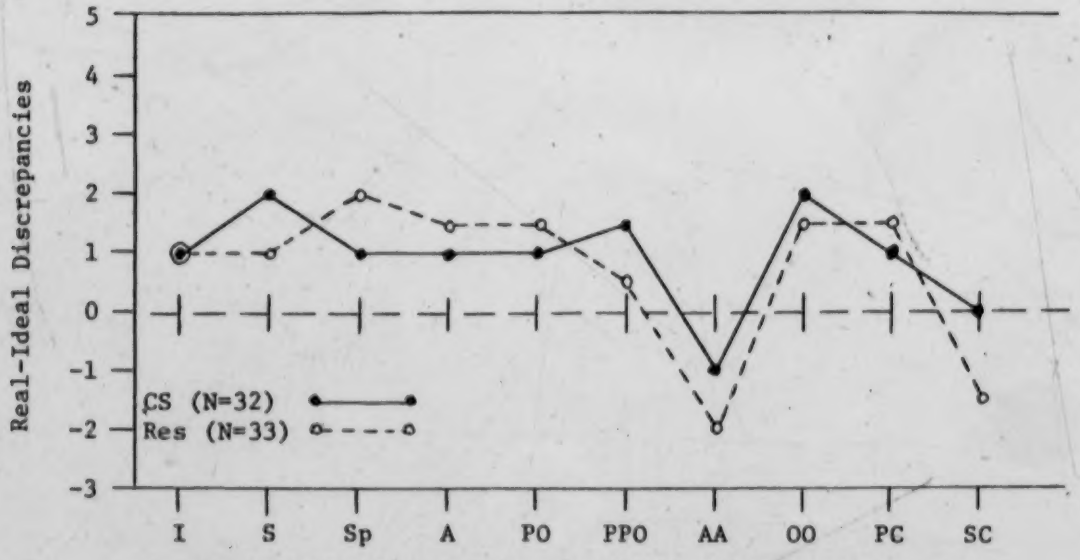

Figure 15. Real-Ideal Discrepancies as Perceived by Residents and Cottage Staff

The profiles shown in Figure 15 depict the amount of increase or decrease needed in order for the program to become ideal as conceptualized by the two groups. It also shows which program areas are satisfactory in relationship to their goals and ideals. They would prefer to have moderate to substantial increases on the Relationship dimensions (2 mean raw score points increase on Support from the perspective of the cottage staff, and 2 mean raw score points increase on Spontaneity, from the perspective of the residents). Both groups would like a decrease on the open expression of anger, but the residents would like a substantial decrease (2 mean raw score points decrease). They agreed that Order and Organization and Program Clarity should be more strongly emphasized, with the cottage staff preferring a substantial increase towards Order and Organization in an ideal milieu. The cottage staff were satisfied with the current emphasis on Staff Control, but the residents would prefer a considerable decrease.

Conclusion

The findings are consistent with previous studies in that, in real and ideal programs, staff evaluations are considerably more positive than residents. The substantial differences between the residents and the cottage staff, in both real and ideal ratings, were found on the Relationship dimensions of Involvement and Spontaneity, and the System Maintenance dimension of Program Clarity. The one exception, concerning more positive perceptions of the real social climate,

appeared on the residents' rating of Autonomy where they perceived more current press than cottage staff and would prefer more ideally. Generally, the most agreement between the two groups appeared on the Treatment Program dimensions. There was a substantial difference between the two groups in their evaluation of the current level of Staff Control but not in their ideal social climate.

Research Question 3

Are there substantial differences among treatment services group members' perceptions of the individual settings as compared to the settings evaluated as a composite or homogenous entity?

Treatment Services Group Evaluations

In order to provide a pictorial frame of reference in answering the research question, Figure 16 depicts the Real and Ideal social climate as perceived by the treatment services group when evaluating the four settings as a composite entity.

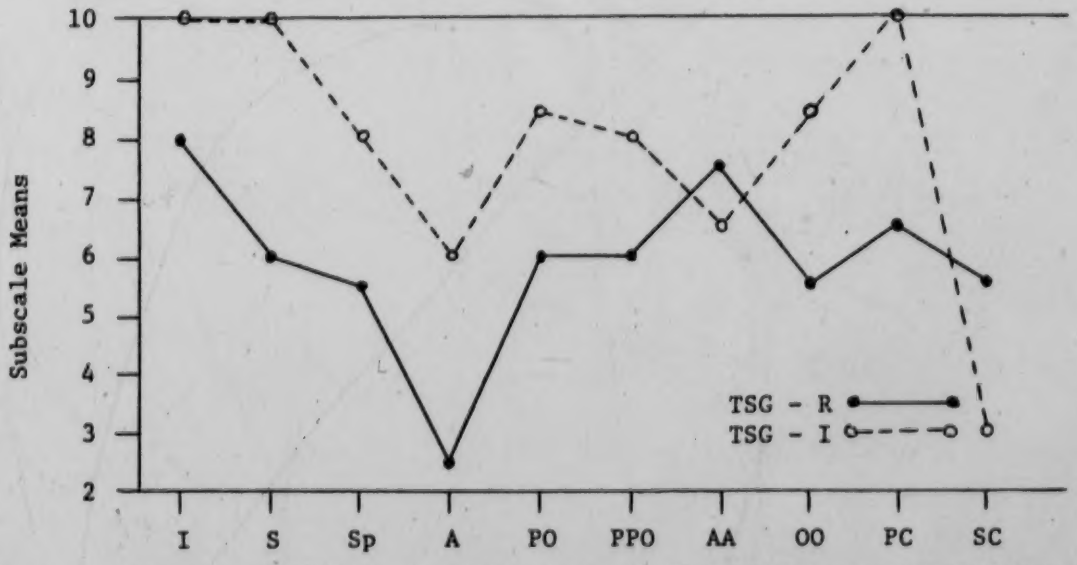

Figure 16. COPES Form R and Form I Scale Profiles for the Treatment Services Group

The treatment services group rating of the real social climate clearly depicts a program which places strong emphasis on active and constructive use of time by the residents (Involvement). The press towards open expression of Anger and Aggression was also perceived as being strongly emphasized. In contrast, this group rated the measures employed to encourage residents towards independence and self-sufficiency as receiving very low emphasis (Autonomy).

The ideal profile shows a preference for substantially to very substantially increased emphasis

on eight of the ten dimensions (2 to 4 mean raw score points increase). The goals and value orientations of this group are clear with the environmental press towards Involvement, Support and Program Clarity particularly emphasized in an ideal milieu. It is significant to note the low level of Staff Control that would accompany increased emphasis on other dimensions.

Treatment Services Group Perceptions of the Real Social Climate: Cottage by Cottage Compared to the Composite Evaluation

The real differences among programs are depicted in terms of subscale means. Companion figures, based on standard scores, are in Appendix E.

Cottage I Compared to the Composite Evaluation

The treatment services group evaluation of the current social climate on Cottage I, as compared to their composite evaluation of the four cottages, is depicted in Figure 17.

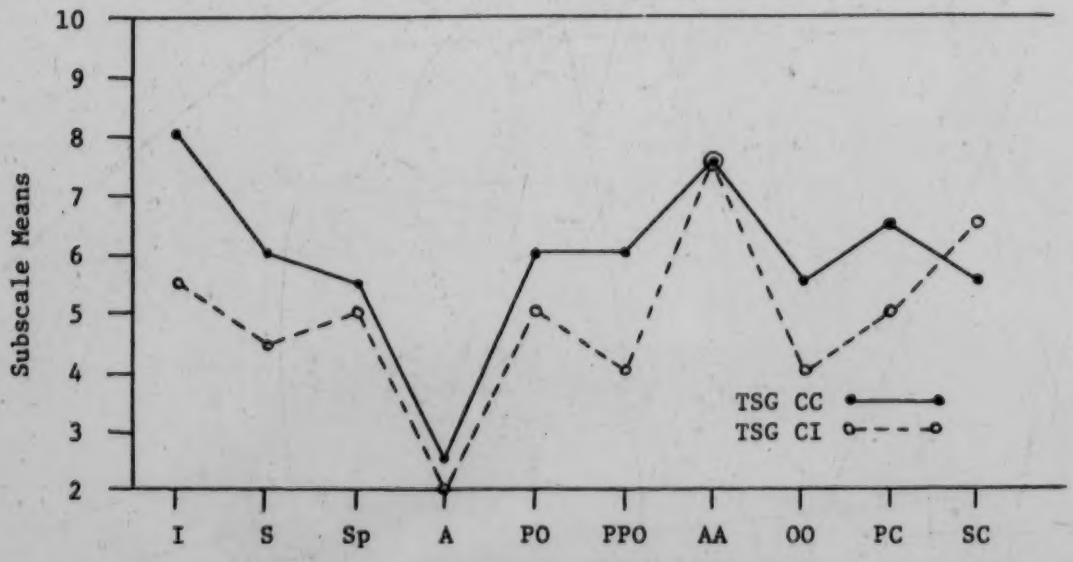

Figure 17. COPES Form R Scale Profiles for Cottage I and the Cottages Combined as Rated by the Treatment Services Group

The Cottage I profile is generally below the average perception of the four cottages evaluated as a composite whole. There was a substantial difference of 2.5 mean raw score points on the Relationship dimension of Involvement which measures enthusiasm and active functioning on a day-to-day basis. There was agreement on two of the four Treatment Program dimensions. The environmental press towards Autonomy receives very low emphasis and the press towards open expression of angry feelings is strongly emphasized in this program. There was a substantial difference

concerning the environmental press towards Personal Problem Orientation on Cottage I which was rated 2 mean raw score points below the composite evaluation. On the System Maintenance dimensions, Cottage I was well below average perceptions concerning Order and Organization and clarity of program rules and procedures. The extent to which staff use measures to keep residents under necessary controls was above the composite evaluation as rated by the treatment services group.

In summary, the Cottage I social climate, as perceived by the treatment services group, suggests a program which strongly emphasizes the open expression of anger while maintaining a high level of Staff Control in a milieu with below average emphasis on the Relationship dimensions.

Cottage II Compared to the Composite Evaluation

The treatment services group evaluation of the current social climate on Cottage II, as compared to their composite evaluation of the four cottages, is depicted in Figure 18.

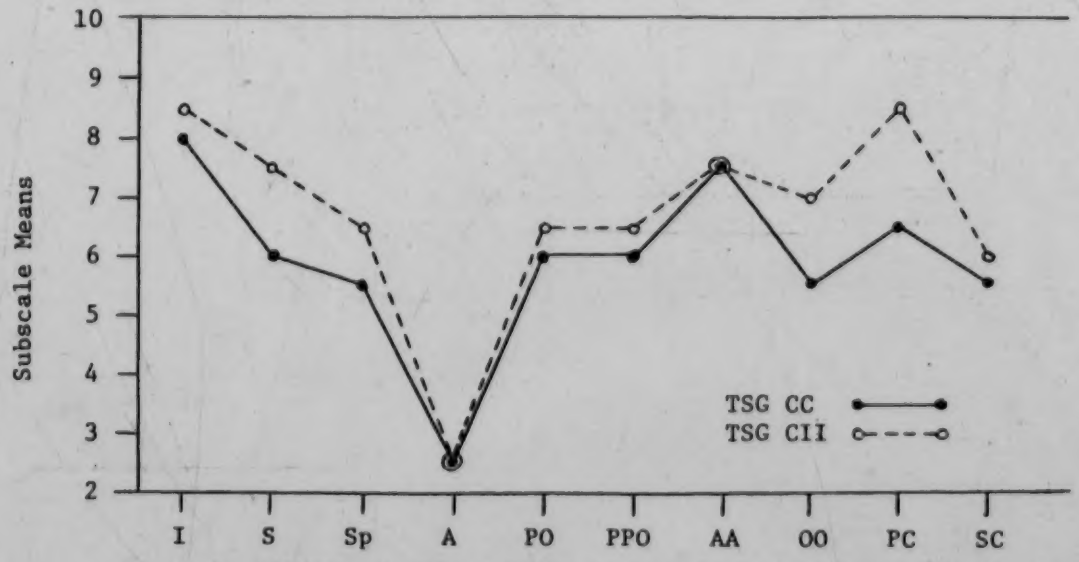

Figure 18. COPES Form R Scale Profiles for Cottage II and the Cottages Combined as Rated by the Treatment Services Group

The Cottage II profile is above the composite evaluation on eight of the ten dimensions, with agreement on the two remaining dimensions of Autonomy (very low emphasis) and Anger and Aggression (highly emphasized). The treatment services group perceived the Cottage II social climate to be above the collective average on all Relationship dimensions. They rated the System

Maintenance dimensions of Order and Organization and Program Clarity as being strongly emphasized on Cottage II. Clarity of expectations, explicit program rules and procedures, were rated as substantially above the composite evaluation (2 mean raw score points difference).

In summary, the Cottage II social climate, as perceived by the treatment services group, suggests a program which emphasizes Involvement, open expression of angry feelings and Program Clarity, while maintaining an orderly milieu with a high level of Staff Control.

Cottage III Compared to the Composite Evaluation

The treatment services group evaluation of the current social climate on Cottage III, as compared to their composite evaluation of the four cottages, is depicted in Figure 19.

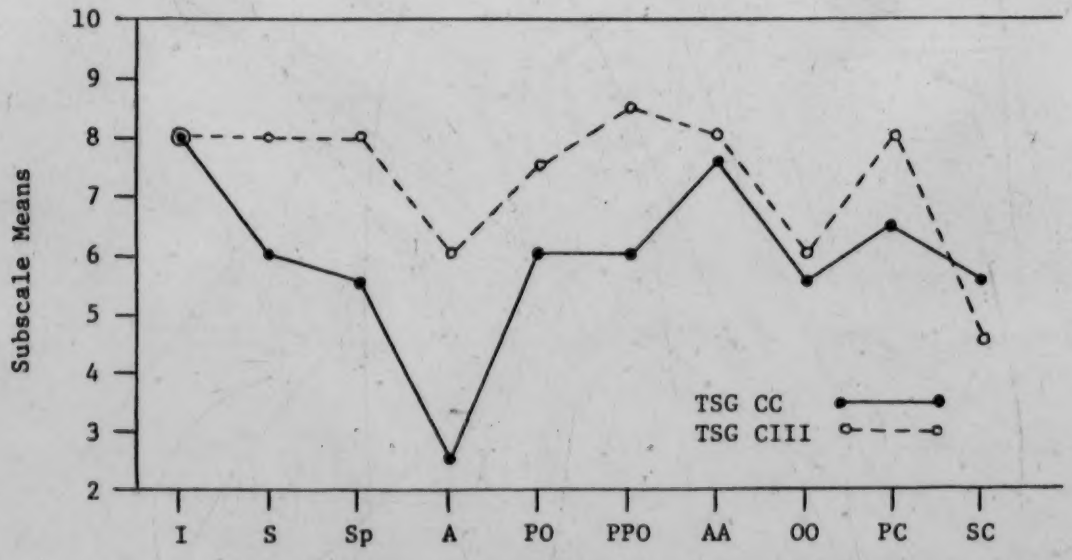

Figure 19. COPES Form R Scale Profiles for Cottage III and the Cottages Combined as Rated by the Treatment Services Group

The Cottage III social climate was perceived as being above, to very substantially above, the composite evaluation on eight of the ten dimensions. The evaluation of the treatment services group depicts a program which places major emphasis on the Relationship dimensions, suggesting active and enthusiastic day-to-day functioning in a very supportive milieu with strong environmental press towards open expression of feelings and behaviour. There were substantial differences found on Support and Spontaneity (2 and 2.5 mean raw score points above the composite evaluation). The differences are substantial on two of the Treatment Program dimensions: Autonomy and Personal

Problem Orientation. The program was perceived as placing strong emphasis on encouraging residents towards independence and self-sufficiency (3.5 mean raw score points above the collective average). The program was rated as placing strong emphasis on residents being concerned about their personal problems and feelings in seeking to understand them (Personal Problem Orientation, 2.5 mean raw score points above average). The press towards open expression of angry feelings is strongly emphasized in this program and is slightly above the collective evaluation. On the System Maintenance dimensions, the Cottage III program was rated as placing strong emphasis on Program Clarity in a milieu where an orderly environment is not strongly emphasized and Staff Control is below the composite evaluation.

In summary, the Cottage III program, as perceived by the treatment services group, suggests a social milieu which strongly emphasizes the Relationship and Treatment Program dimensions, combined with strong emphasis on clarity of program rules and expectations and below average press towards Staff Control.

Cottage IV Compared to the Composite Evaluation

The treatment services group evaluation of the current social climate on Cottage IV, as compared to their composite evaluation of the four cottages, is depicted in Figure 20.

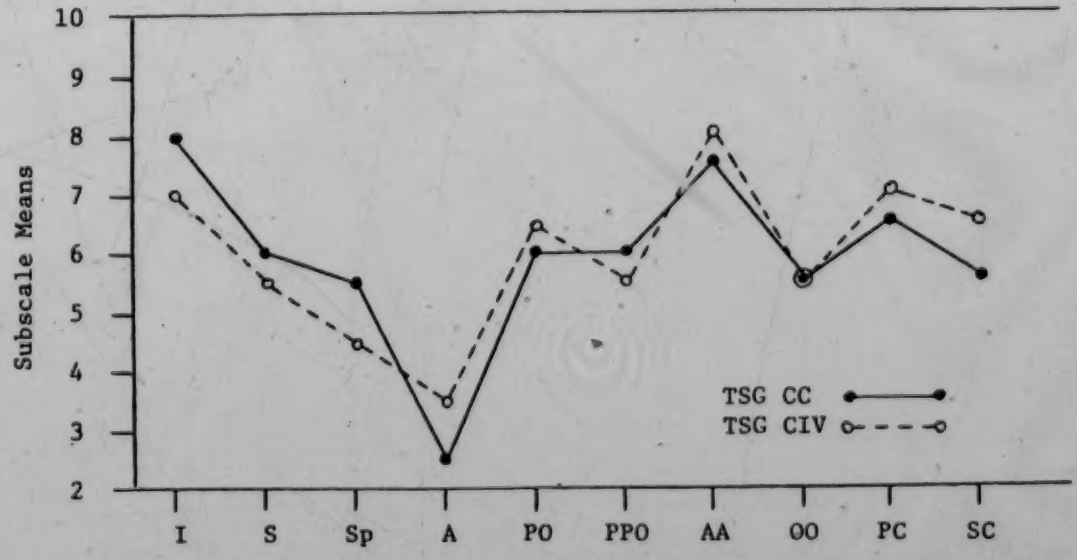

Figure 20. COPES Form R Scale Profiles for Cottage IV and the Cottages Combined as Rated by the Treatment Services Group

The Cottage IV profile shows a close similarity to the treatment services group evaluation of the four cottages considered as a composite whole. There are no substantial differences. The Cottage IV social climate does not emphasize the Relationship dimensions generally, with only active day-to-day functioning and constructive use of time (Involvement) perceived as receiving particular environmental press. All Relationship dimensions were rated as being below the collective average. The treatment services group perceived more emphasis on the Treatment Program dimensions, with the Autonomy and Practical Orientation ratings above the composite evaluation. The program strongly emphasizes the open expression of anger and aggression but not substantially more than the composite average of the cottages rated as a whole. On the System Maintenance dimensions there was agreement on the perceived environmental press towards an orderly and organized milieu. Clarity of program rules and expectations, and measures that staff employ to maintain control were perceived moderately above the composite evaluation.

In summary, the Cottage IV social climate, as perceived by the treatment services group, suggests a program which places the most environmental press on the Treatment Program dimensions while maintaining above average emphasis on Staff Control.

Conclusion

The profile analysis of the four individual settings compared to the composite profile, as evaluated by the treatment services group, showed that there were moderate to very substantial differences in perceived social climate among the four programs. These differences were found on several dimensions, but the variability was the greatest on the Relationship dimensions, the Treatment Program dimension of Personal Problem Orientation, and the System Maintenance dimensions of Order and Organization and Program Clarity. There was close agreement concerning the environmental press towards open expression of Anger and Aggression.

It is therefore concluded that there are differences, which reach substantial proportions in noted areas, among the treatment services group perceptions of the social climate of the individual settings as compared to the settings evaluated as a composite entity.

Research Question 4

Are there substantial differences among all groups in their ratings of the current and ideal social

climate when the settings are evaluated as a composite or homogenous entity?

Real Differences Among Groups

The real differences among the five groups, as measured on the COPES Form R, are depicted in terms of subscale means. Companion figures, based on standard scores, are in Appendix E.

The COPES Form R scale profiles for the program specialists and treatment services group are depicted in Figure 21. The program specialists perceived the current social climate more positively than the treatment services group.

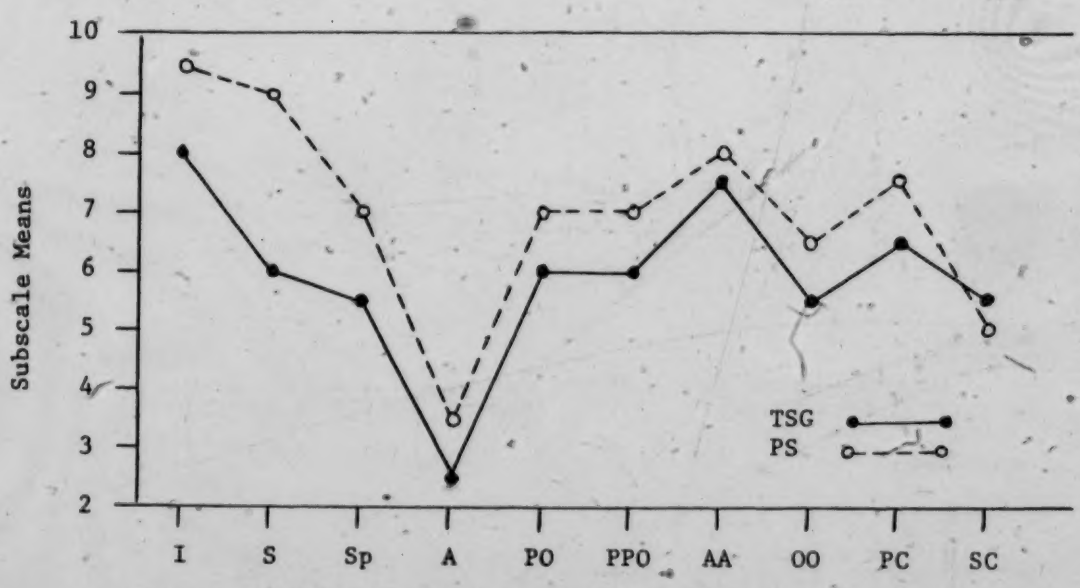

Figure 21. COPES Form R Scale Profiles for Program Specialists and Treatment Services Group

The two groups have different perceptions on the Relationship dimensions, with a very substantial difference of opinion on how supportive the staff are towards the residents and how much the residents are encouraged to be supportive towards each other (Support, 3 mean raw score points difference). They perceived the current social climate as placing low environmental press towards self-sufficiency and independent functioning. They rated the other Treatment Program dimensions, measuring preparation for discharge from the program (Practical Orientation), personal problem solving and understanding of feelings (Personal Problem Orientation) as receiving the same degree of emphasis. The extent to which residents are encouraged to express anger openly was perceived as receiving strong emphasis in the current milieu. On the System Maintenance dimensions, clarity of

program rules, procedures and expectations was perceived as receiving the most environmental press. The program specialists perceived the degree to which staff use measures to maintain the necessary controls as slightly less than that perceived by the treatment services group.

Generally, the program specialists perceived the real social climate at Mapleridge more positively than the treatment services group, with a very substantial difference of opinion concerning the degree of supportiveness in the current milieu.

The COPES Form R scale profiles for the cottage staff and practicum students are depicted in Figure 22. They share very similar perceptions of the real social climate.

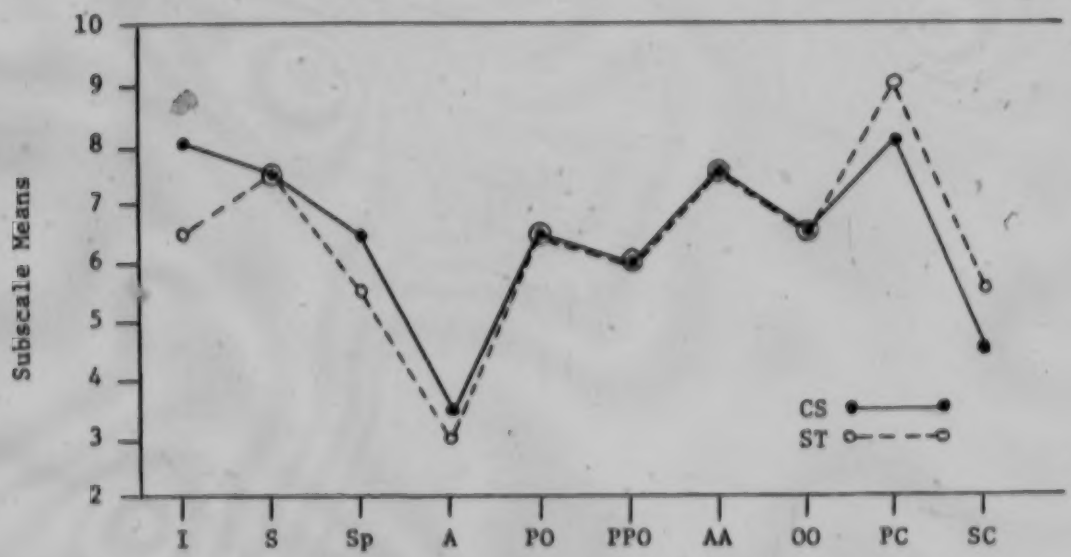

Figure 22. COPES Form R Scale Profiles for Cottage Staff and Practicum Students

The cottage staff and students share very similar perceptions of the current social climate at Mapleridge. There are no substantial differences on any of the ten dimensions with agreement found in five areas. They agreed that the Relationship dimensions receive generally average emphasis although the cottage staff perceived the residents to be more active and enthusiastic in day-to-day functioning than the students (Involvement). They generally agreed on the type of treatment that the program offers. They perceived little emphasis on encouraging the residents to become more independent and self-sufficient. They felt that the program is practically oriented and places emphasis on personal problem solving while strongly encouraging the open expression of angry feelings. There was some variation on the System Maintenance dimensions, but both groups

generally agreed on the emphasis that each received. They perceived strong environmental press towards making the program rules, procedures and expectations explicit (Program Clarity).

In summary, there was close agreement between the cottage staff and the students in their perceptions of the real social climate. These two groups generally agreed with the program specialists and the treatment services group on the type of treatment that the program offers. The four groups perceived the environmental press towards Autonomy as very low in the current social climate. They also perceived the open expression of anger as being strongly emphasized. The four groups generally agreed on the direction of emphasis on the System Maintenance dimensions, but the cottage staff and students perceived more environmental press on Program Clarity than the program specialists or the treatment services group. There was a substantial difference of 2.5 mean raw score points between the students and the treatment services group on this dimension. On the Relationship dimensions, there was a very substantial difference of 3 mean raw score points between the students' and program specialists' perception of environmental press towards activity and enthusiasm of the residents in day-to-day functioning (Involvement). The program specialists perceived major emphasis on this dimension.

The COPES Form R scale profiles for the residents, and the adult groups combined as a composite whole, are depicted in Figure 23.

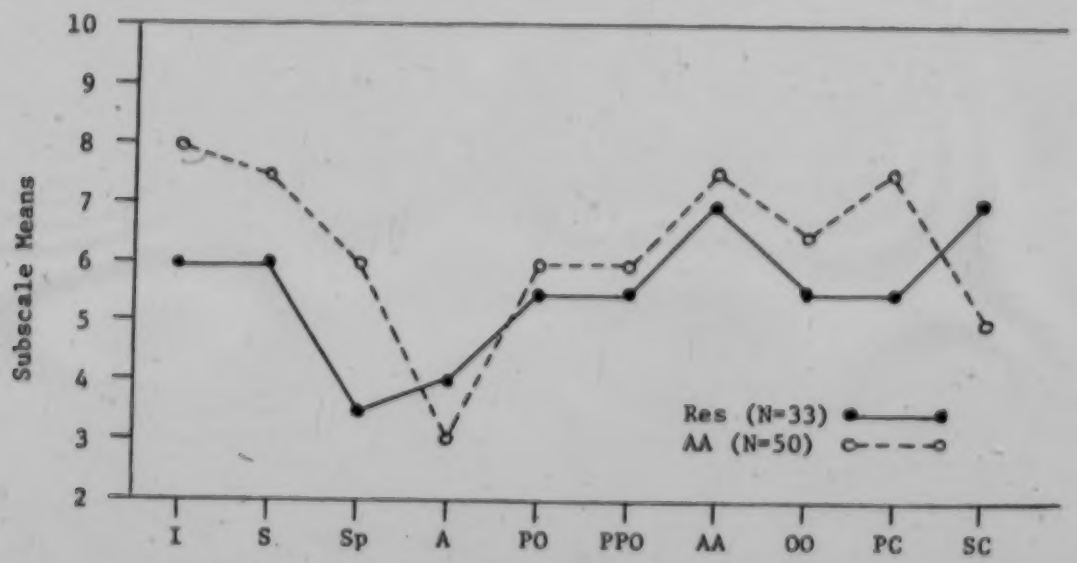

Figure 23. COPES Form R Scale Profiles for Residents and Adults Groups Combined

The residents and the adult group have different perceptions in several areas which appear on the Relationship and System Maintenance dimensions. Substantial differences, in perceptions of the current milieu, were found on two of the three Relationship dimensions; Involvement and Spontaneity. The residents do not perceive themselves to be as actively involved in the program as the adult group does (2 mean raw score points difference). The residents do not feel that the program places much emphasis on open expression of feelings and spontaneous behaviour (2.5 mean raw score points difference). There was general agreement on the Treatment Program dimensions, including low emphasis on encouraging the residents towards independent functioning (Autonomy), and strong emphasis on the open expression of angry feelings (Anger and Aggression). There are substantial differences on two of the three System Maintenance dimensions; Program Clarity and Staff Control. The adult group perceived strong environmental press towards clarity of program rules, procedures and expectations, and moderate press towards measures that cottage staff use to keep the necessary controls. The residents perceived moderate emphasis on Program Clarity and strong emphasis on Staff Control (2 mean raw score points difference on both dimensions).

Generally the residents and the adult group agreed on the type of treatment that the program offers including low emphasis on Autonomy and strong emphasis on Anger and Aggression. They disagreed on all Relationship dimensions which reached substantial differences on the dimensions of Involvement and Spontaneity. There were also substantial differences on the Systems Maintenance dimensions of Program Clarity and Staff Control. The residents perceived their current social climate more negatively than the adult group except on the perceived environmental press towards Autonomy.

Summary Analysis of Real Differences Among Groups

An examination of the configuration of substantial differences among groups clearly indicated that, generally, the residents' ratings of the current social climate were lower than all other groups with two exceptions. Firstly, the residents perceived more press towards Autonomy in their program than all other groups. Secondly, the residents' perception of Staff Control was higher than all other groups which reached substantial proportions when compared to the program specialists and the cottage staff.

The overall profile of the Mapleridge Program, as evaluated by the five groups, shows significant similarity on the Treatment Program dimensions with no substantial differences among the groups in their perception of the current social climate. The program specialists recorded the generally most positive ratings with the exception of the Autonomy dimension where the residents rated slightly more emphasis than all other groups.

The program specialists were generally more positive than all other groups on the Relationship dimensions. Their rating of the current level of Involvement exceeded the practicum students and the residents by a very substantial difference of 3 and 3.5 mean raw score points respectively. Environmental press towards Support was perceived very substantially more positively (3 mean raw score points) by the program specialists than by the treatment services group and the residents. The program specialists were more positive than all other groups with respect to Spontaneity; the difference only reached very substantial proportions when compared to the residents (3 mean raw score points difference).

The System Maintenance dimensions were the only areas in which the program specialists were not generally the most positive group. There was notable congruence among the five groups' evaluation of moderate emphasis on Order and Organization. There was considerable variation among the groups' perception of Program Clarity with the practicum students perceiving very strong emphasis in the real social climate (3.5 and 2.5 mean raw score points difference as compared to the residents and treatment services group evaluations). There was close agreement among four of the groups on perceived environmental press towards Staff Control. The residents perceived substantially more press on this dimension than the program specialists or the cottage staff (2 and 2.5 mean raw score points difference respectively).

Conclusion

Three major trends were found in the generally more negative evaluations of the residents and the treatment services group, and the generally more positive evaluations of the program specialists group. These were the three patterns which differentiated the five groups one from the other. Another trend was found in the significant congruence among all groups on the Treatment Program dimensions. There was considerable variability on the Relationship dimensions and the System

Maintenance dimension of Program Clarity.

It is tentatively concluded that there are substantial differences among the five groups' ratings of the real social climate as related primarily to the Relationship and System Maintenance dimensions of Program Clarity and Staff Control.

Ideal and Real-Ideal Differences Among Groups

The ideal differences among the five defined groups, as measured on the COPES Form I, are depicted in terms of subscale means. The COPES Form I scale profiles for the program specialists and treatment services group are depicted in Figure 24.

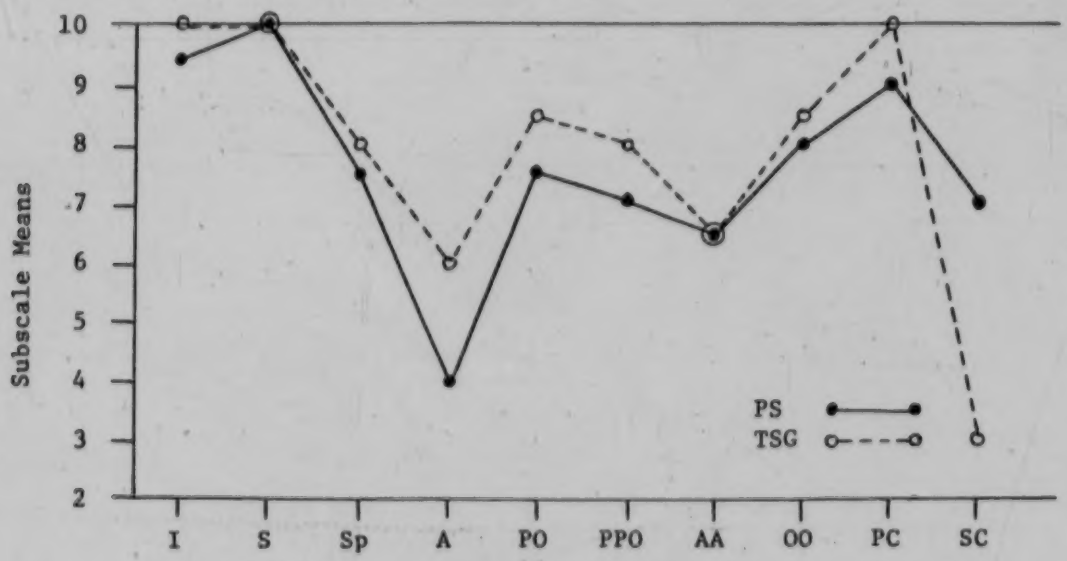

Figure 24. COPES Form I Scale Profiles for Program Specialists and Treatment Services Group

The program specialists and the treatment services group share similar goal and value orientations with respect to an ideal social climate. Involvement, Support and Program Clarity would receive maximum emphasis in an ideal program. The Relationship dimensions would generally be strongly emphasized. The two groups have substantially different goal or value orientations in two significant areas: Autonomy and Staff Control. The treatment services group would prefer substantially more emphasis on environmental press towards the residents becoming more self-sufficient and independent while preferring very substantially less emphasis on measures that staff use to maintain control (a difference of 2 mean raw score points on Autonomy, and a very substantial difference of 4 mean raw

score points on Staff Control).

Figure 25 compares the degree of change that the program specialists and the treatment services group would like to see in the program.

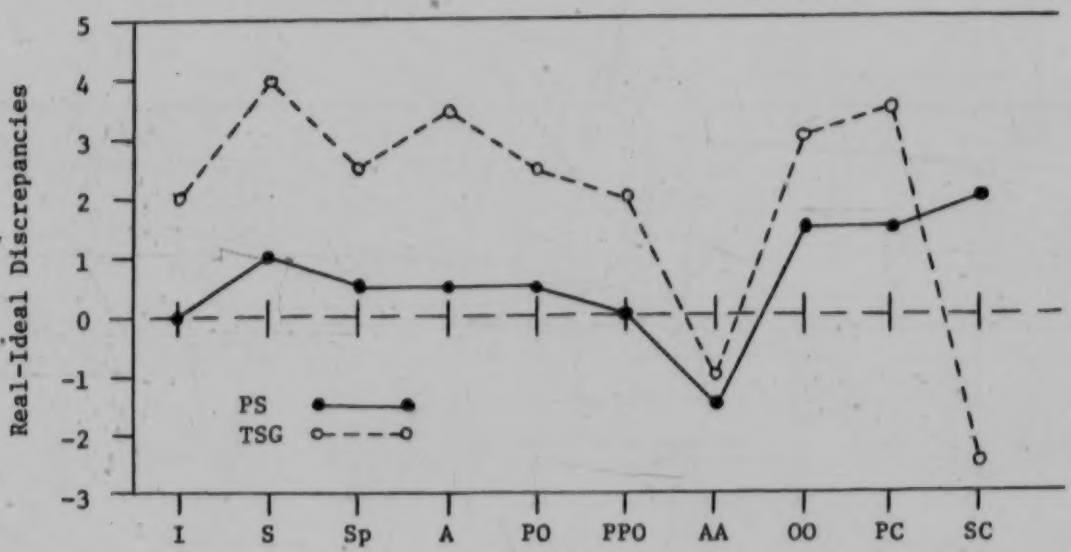

Figure 25. Real-Ideal Discrepancies as Perceived by Program Specialists and Treatment Services Group

The profiles depicted in Figure 25 show the amount of increase or decrease needed in order for the program to become ideal as conceptualized by the two groups. It also indicates which areas are satisfactory in relationship to their goals and ideals. The treatment services group would like substantial to very substantially increased emphasis on eight of the ten dimensions (4, 3.5 and 3.5 mean raw score points increase on Support, Autonomy and Program Clarity). These substantial increases would combine with a substantially decrea ed emphasis on Staff Control (2.5 mean raw score points decrease), and a modest decrease on open expression of Anger and Aggression. The most changes that the program specialists would require appear on preference for substantially increased emphasis on Staff Control (2 mean raw score points increase).

The real-ideal discrepancies between these two groups are substantial to very substantial on most dimensions except Anger and Aggression where both would prefer a moderate decrease from the perceived emphasis in the current milieu.

The Copes Form I scale profiles for the cottage staff and the practicum students are depicted in

Figure 26. It shows that they share very similar perceptions of an ideal social climate.

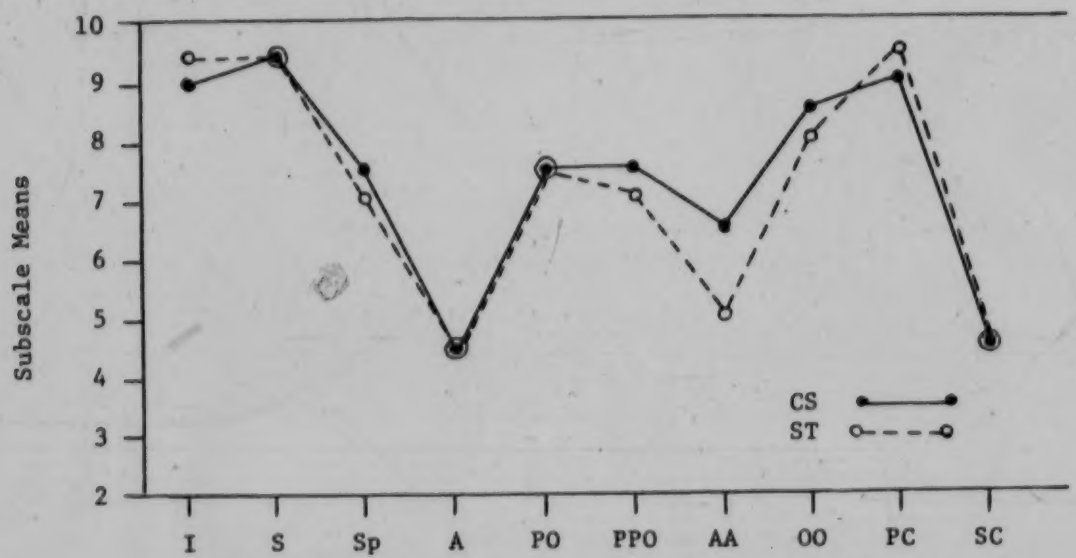

Figure 26. COPES Form I Scale Profiles for Cottage Staff and Practicum Students

The two groups share very similar concepts of an ideal social climate as shown on nine of the ten dimensions of the COPES Form I. Their ideal program would place major emphasis on the Relationship dimensions of Involvement and Support, and the System Maintenance dimension of Program Clarity. They agreed that environmental press towards encouraging the residents to become more self-sufficient would not be strongly emphasized ideally (Autonomy). The students would prefer less emphasis on the open expression of angry feelings (Anger and Aggression) than the cottage staff. They agreed on the amount of emphasis that Staff Control should receive in an ideal milieu.

Generally, their ideal program would place major emphasis on Involvement, Support and Program Clarity while maintaining low environmental press towards Autonomy and Staff Control.

Figure 27 compares the degree of change that the cottage staff and the practicum students would like to see in the program.

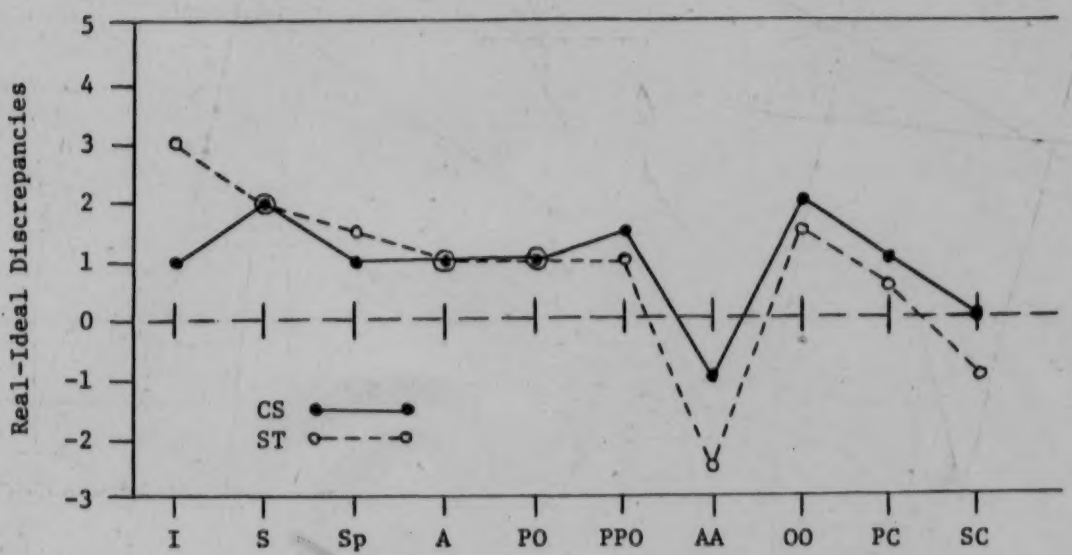

Figure 27. Real-Ideal Discrepancies as Perceived by Cottage Staff and Practicum Students

The profiles depicted in Figure 27 show the amount of increase or decrease needed in order for the program to become ideal as conceptualized by the two groups. It also indicates which areas are satisfactory in relationship to their goals and ideals. The students would require substantially increased emphasis on activity and enthusiasm on a day-to-day basis in the program (Involvement, 3 mean raw score points increase). Both groups would require substantially increased emphasis on staff support and resident to resident support in the cottage milieu (Support, 2 mean raw score points increase). They generally agreed on moderately increased emphasis on the Treatment Program dimensions with the exception of open expression of anger; they would require a decrease which is substantial from the students' perspective (2.5 mean raw score points decrease). The staff perceived an orderly and organized milieu as being important and they would require substantially increased press on this dimension (Order and Organization, 2 mean raw score points increase). The cottage staff indicated satisfaction with the current emphasis on Staff Control but the students would prefer a moderate decrease.

The ideals of the cottage staff and students are very similar with the only substantial difference found on the amount of change required to attain the ideal level of Involvement in the program.

The COPES Form I scale profiles for the residents, and the adult groups combined as a

composite whole, are depicted in Figure 28.

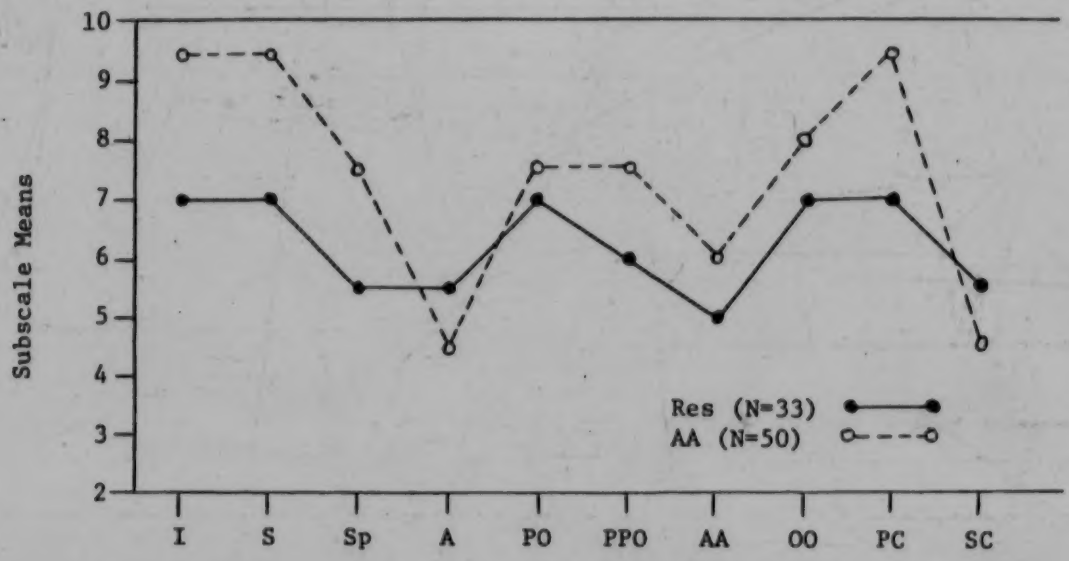

Figure 28. COPES Form I Scale Profiles for Residents and Adult Groups Combined

The residents and the adult group have different perceptions of an ideal milieu, primarily from the point of view of the degree of environmental press that most dimensions should receive. The differences are particularly pronounced on all Relationship dimensions. The adult group would like major emphasis on activity and enthusiasm in the day-to-day programming combined with a very supportive milieu (Involvement and Support). They also would like more emphasis on open expression of behaviour and feelings (Spontaneity). The residents ideal program would differ only on the degree of emphasis that each of these dimensions would receive (2.5, 2.5 and 2 mean raw score points difference). There are no substantial differences concerning the type of treatment that an ideal program would offer. As previously found, the residents would like more emphasis on Autonomy than the adult group. They disagreed on the emphasis that explicit program rules, procedures and expectations should receive in an ideal milieu (Program Clarity). The adult group would place major emphasis on this dimension with a substantial difference of 2.5 mean raw score points between the two groups in their ideal orientation.

Figure 29 compares the degree of change that the resident and adult groups would like to see in the program.

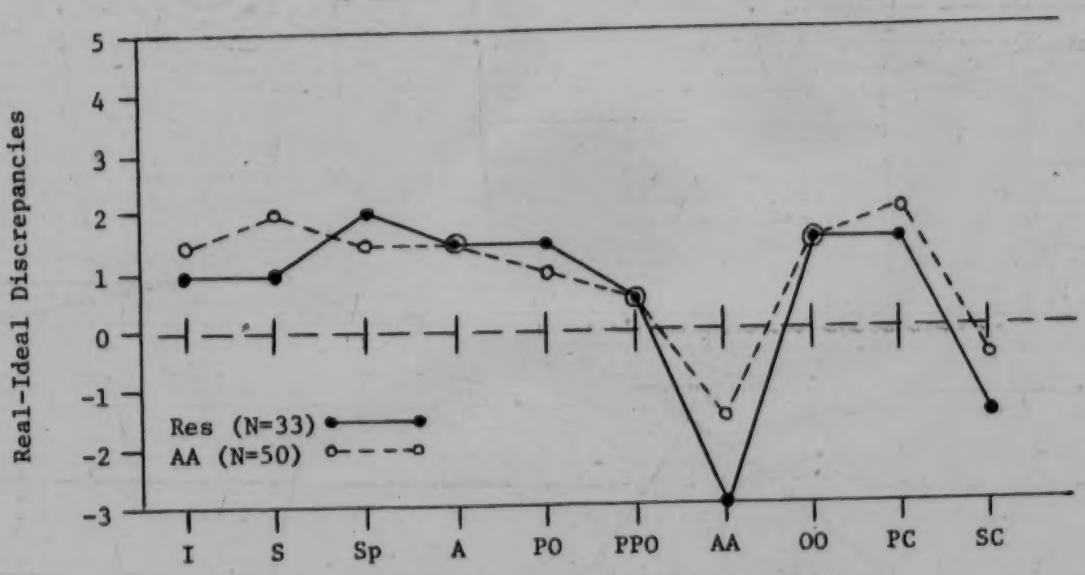

Figure 29. Real-Ideal Discrepancies as Perceived by Residents and Adult Groups Combined

The profiles depicted in Figure 29 show the amount of increase or decrease needed in order for the program to become ideal as conceptualized by the two groups. It also indicates which areas are satisfactory in relationship to their goals and ideals. On the Relationship dimensions, the residents would require a substantial increase in order to attain their ideal press on Spontaneity (2 mean raw score points increase). The adult group would require substantially increased emphasis on Support in order to achieve their ideal milieu (2 mean raw score points increase). Both groups would require decreased environmental press on Anger and Aggression, with the residents requiring a very substantial decrease of 3 mean raw score points. They generally agreed on the changes that the System Maintenance dimensions would require in order to attain an ideal social climate, although the adult group would require a substantial increase of 2 mean raw score points on the Program Clarity dimension.

The resident and adult groups generally agreed on the direction of change required to attain an ideal social climate. The residents would require a substantial increase on environmental press towards Spontaneity, and a substantial decrease on Anger and Aggression. The adult group would require a substantial increase on Support and Program Clarity.

Summary Analysis of Ideal and Real-Ideal Differences Among Groups.

An examination of the configuration of substantial differences by groups clearly indicates that

while the residents want changes in the same direction as the adult groups, in most areas, they do not want the same magnitude of change. A significant observation in the Mapleridge Program, with respect to the five groups' preferences for an ideal social climate, was found on the Treatment dimension of Autonomy: The residents and the treatment services group were the only two groups requiring substantial to very substantial increases in order to attain their ideal emphasis.

A second primary finding was found on the ideal social climate preferences of the treatment services group. This group would require substantial to very substantial changes on nine of the ten dimensions, with the lone exception being a slight decrease on the open expression of Anger and Aggression. They would like substantial to very substantial increases on the Relationship dimensions. They would also require substantial to very substantially increased environmental press on the Treatment Program dimensions with the exception of Anger and Aggression. While preferring very substantially increased emphasis on the System Maintenance dimensions of Order and Organization and Program Clarity, this group would like a very substantial decrease on Staff Control.

A third pattern was found related to the Real and Ideal perceptions of the program specialists. Their evaluation of the real social climate was generally more positive than all other groups, particularly on the Relationship dimensions. By comparison, the program specialists' ideal social climate showed no substantial difference on any dimension with the exception of Staff Control where they would prefer a substantial increase in measures that staff exercise to maintain control. The program specialists group was the only group that did not want a slight to very substantial decrease of Staff Control in an ideal milieu.

A fourth pattern was found in the close similarity between the cottage staff and practicum students' goals and values with respect to an ideal social climate. This must be viewed with caution in view of the small number of students involved in the study.

Conclusion

The primary trends discovered among the five groups' evaluation of an ideal program suggest that the program specialists, treatment services group, cottage staff and practicum students share generally similar goal and value orientations with respect to an ideal program. The residents, while preferring a very similar kind of program ideally, do not wish for the same magnitude of environmental

press that the adult groups would prefer. This was particularly true of the Relationship and Program Clarity dimensions as there was notable agreement among the five groups' ideal preferences on Practical Orientation, Anger and Aggression and Order and Organization. The two areas which showed overall variability among all groups were related to the amount of environmental press that Autonomy and Staff Control should receive in an ideal milieu.

It is therefore tentatively concluded that there are no overall differences among the five groups, which clearly differentiates one from the other, concerning an ideal social climate. The major differences were related to the real-ideal discrepancies, particularly as found on the treatment services group evaluations.

Table 8

Summary and Configuration of Substantial Real-Ideal Differences by Group

	Subscales									
Group	I	S	Sp	A	PO	PPO	AA	OO	PC	SC
AA	–	I	–	–	–	–	–	–	I	–
Res	–	–	I	–	–	–	D*	–	–	–
CS	–	I	–	–	–	–	–	I	–	NC
TSG	I	I*	I	I*	I	I	–	I*	I*	D*
PS	NC	–	–	–	–	NC	–	–	–	I
ST	I*	I	–	–	–	–	D	–	–	–

I* – refers to preference for a very substantial increase (3 or more mean raw score points difference).

I – refers to preference for a substantial increase (2 - 2.5 mean raw score points difference).

D* – refers to preference for a very substantial decrease (3 or more mean raw score points difference).

D – refers to a preference for a substantial decrease (2 - 2.5 mean raw score points difference).

NC – refers to no change desired.

Auxiliary Finding

Each resident was asked to name the cottage staff member who was "most special" to him or her. This was an attempt to measure the effectiveness of the relationship staff role as emphasized at Mapleridge as being instrumental in achieving the treatment objectives for each resident. Some of the younger residents wanted to name more than one person so the author decided to count a positive selection if the officially designated relationship staff's name appeared on a list of three or less. This was also permitted due to the introduction of the sub-group resident/staff concept which was a relatively recent change in the cottage program. The results are shown in Table 9.

Table 9

Correct Relationship Staff Choice by Setting

Cottage	Number of Residents	Chose Relationship Staff	Percentage
I	6	1	17
II	10	3	33
III	10	6	60
IV	7	2	29

The results show significant differences with a low of one positive selection on Cottage I to a high of six positive selections on Cottage III. The relationship between this finding and the results from the evaluation of social climate is open to interpretation and would require further assessment and analysis before suggesting possible connections. However, the resident chose the staff member on the basis of s(he) being "most special" which incorporates the resident's feeling about the adult rather than any awareness of the functional duties for which the relationship staff is responsible. Whatever the interpretation, the results of the informal assessment do raise questions concerning the current implementation of the substantive relationship treatment component as a "vital part of our Treatment Program..." (Mapleridge Care Manual, p. 8).

CHAPTER VI

SUMMARY, DISCUSSION AND IMPLICATIONS

Summary

The study was designed to examine a residential treatment centre for emotionally and behaviourally disturbed children using the concept of social climate. This was done using the two forms of the Community-Oriented Programs Environment Scale (Moos, 1974b) in order to answer the research questions. The cottage staff and residents on four separate cottages rated their own programs in terms of the current social climate and how they would prefer it to be ideally. The results were analyzed to determine if any substantial differences existed either among or within the settings. They are reported in terms of subscale means based on raw scores and depicted graphically in the sequence and format employed by Moos (1974b). There was considerable agreement among groups and within settings on the Treatment Program dimensions including low emphasis on Autonomy (residents perceived slightly more emphasis than the cottage staff), and strong emphasis on Anger and Aggression. Substantial differences were found on the Relationship dimensions with both groups perceiving Spontaneity as being the least emphasized. Particularly noted is the Cottage IV residents' low rating of current press on the Relationship dimensions. Substantial differences were found on the System Maintenance dimensions as evaluated by the residents. The substantial differences were commented upon in Chapter V, both in terms of program profiles and differences on each of the ten COPES subscales.

There were fewer substantial differences concerning an ideal social climate. Four significant findings appeared. Firstly, the Cottage IV residents, although wishing for increases, placed the least ideal emphasis on the Relationship dimensions. This is noteworthy in view of their low evaluations of the real social climate in this regard. Secondly, a distinct pattern concerning the ideal emphasis on Anger and Aggression was found. The residents and cottage staff on Cottages I and II would prefer much less emphasis than the residents and cottage staff on Cottages III and IV. This reached substantial differences from the residents' perspective. Thirdly, the Cottage IV residents' ideal social climate would not place as much emphasis on Order and Organization as any other resident or staff group: the differences are substantial to very substantial. Lastly, the Cottage III residents would

prefer substantially more emphasis on Staff Control in an ideal milieu than any other resident or staff group.

Differences in real-ideal ratings were also examined. There were several findings of note. Most groups would require decreases in the open expression of Anger and Aggression which would be very substantial from the Cottage I and II residents' perspective. Neither staff nor residents on Cottage III and IV require much change from the existing emphasis. Cottage IV residents were the only group requiring a very substantial decrease of Staff Control in order to attain their ideal milieu whereas Cottage III residents require little decrease preferring to maintain a high level of Staff Control ideally. The Cottage III and IV staff were the only two groups who would not require substantial changes in order to attain their ideal social climate.

In addition to examining differences in ratings of the social climate of the individual programs from the perspective of cottage staff and residents, the treatment services group provided a rating of the individual settings which was compared to their rating of the four cottages evaluated as a composite whole. Moderate to very substantial differences in perceived social climate among the four settings were found. Substantial differences were found on the Relationship dimensions where Cottage III was generally perceived to place substantially more environmental press than found on the composite evaluation. The same observation was found on the Treatment Program dimensions of Autonomy and Personal Problem Orientation. On the System Maintenance dimensions, Cottage II was rated substantially above the composite evaluation with respect to Clarity within the program.

Evaluations of the social climate for the entire Mapleridge program were examined. For this part of the study, the resident and cottage staff ratings were separately pooled and considered as two groups who provided ratings for the whole residential program. In addition to the cottage staff and the residents, three other groups provided ratings of the Mapleridge Social Climate considered as a composite entity. The three groups are the treatment services group, program specialists and practicum students. Real and Ideal ratings were obtained using the COPES Form R and Form I. The program specialists provided the generally most positive ratings of the current social climate, particularly as related to emphasis on the Relationship dimensions. The residents and the treatment

services group provided the generally most negative evaluations. There is notable agreement among the five groups on the actual press that Treatment Program dimensions receive with low emphasis on Autonomy and strong emphasis on Anger and Aggression. Substantial differences were found on the Relationship dimensions and the System Maintenance dimensions of Program Clarity and Staff Control. The Cottage staff and the students show the most agreement of any of the five groups concerning the current and ideal social climate.

Differences from an ideal perspective were also examined. As found in the examination of real differences, the residents provided the generally lowest rating of an ideal milieu. Although agreeing with the direction of emphasis ideally, they do not wish the same magnitude of press that the adult groups do with one notable exception: The residents and treatment services group agree that there should be substantially more emphasis on Autonomy in an ideal milieu. The adult groups agree that an ideal social climate would place major emphasis on the Relationship dimensions of Involvement and Support, and the System Maintenance dimensions of Order and Organization and Program Clarity. One significant finding related to the program specialists' preference for a high level of Staff Control in an ideal milieu.

Real-Ideal differences among groups revealed two significant findings. The program specialists were the only group to require a substantial increase of Staff Control in order to attain their ideal social climate. Secondly, the treatment services group would require substantial to very substantial changes on nine of the ten dimensions including substantially less Staff Control in order to attain their ideal social climate.

Discussion

The results of the study clearly indicate that there are differences in ratings of the social climate between and among the individual programs and among groups. These differences relate to the Relationship and System Maintenance dimensions primarily, as considerable agreement was found concerning the type of treatment that the program offers. These differences can be discussed as real based on Moos' contention that "profile stability of wards that have a consistent treatment philosophy is extremely high over relatively long periods of time" (1974, p. 64). He contends that "given a stable program the COPES will remain stable . . . even though all residents and most of the staff members

have changed, owing to discharge and turnover" (1975, p. 45). The implication is that changes in staff and resident groups do not affect a program's profile if the treatment philosophy remains stable. The introduction of the subgroup resident/staff concept into the Mapleridge treatment program will possibly affect the social climate over time, but, as it was a recent programming change at the time of the examination, it is not likely to have had important effects upon the outcome.

Most of the residents were on medication as reported in Table 2 (100% of the Cottage I and IV resident groups). It is unknown what effect this would have upon the perceptions of the social milieu but it seems likely that it would have had some effect. The notable findings are discussed as follows:

1. There is considerable agreement among all groups concerning the actual emphasis on the Treatment Program dimensions. The Mapleridge profile shows very low emphasis on Autonomy and high emphasis on Anger and Aggression. In an ideal social climate the residents and the treatment services group were the only two groups who would like substantially more emphasis on Autonomy in the program. This is important in view of the treatment philosophy which includes teaching, encouraging and assisting the children towards age-appropriate independence and self-sufficiency. "As noted . . . increased patient responsibility is one of the fundamental concepts of the therapeutic milieu" (Ellsworth et al, 1971, p. 480).

   The value and goal orientation of several groups are found on the ideal preferences concerning the therapeutic value of open expression of Anger and Aggression. The younger residents (Cottages I and II) preference for very substantial decreases on this dimension suggests two important considerations. Firstly, the residents are not very happy with the current level of Anger and Aggression in their living milieu. Secondly, the relationship between the children's stage of development and their perceptions merits consideration. "Prior to early adolesence . . . children are still bound by their perceptions" (Thomas, 1979, p. 317). In Piaget's theory of child development, children between about age 7 to age 11 develop "rigorous, logical thinking only when applied to concrete informational inputs. In short, concrete-operational thought is not sufficiently abstract" (Brainerd, 1978, p. 38). Piaget's final or formal-operational stage begins around age 11 and continues through the remainder of mature life. "During this stage, the remaining refinements of adult thought are acquired. The thinking processes are said to be

fully abstract. They no longer depend on observed data" (Brainerd, 1978, p. 38). Therefore the differences between the younger and older residents' perceptions and preferences concerning the ideal emphasis on Anger and Aggression may be related to their chronological age and developmental maturity.

From the adult perspective, the treatment services group and the staff on Cottage III and IV require a modest decrease on this dimension. This finding is in keeping with Moos' contention that "the amount of emphasis on the open expression of anger is related to the psychotherapeutic values of staff" (1974b, p. 2). In addition, many environmental characteristics have an impact on the determination of individual and group aggressive behaviour. Several studies have shown that aggression begets aggression and that "the proportion of hostile actions 'sent' by an individual often parallels the proportion he 'receives' " (Moos, 1975, p. 13). Milgram (1964) found that subjects who are not usually aggressive can be made to behave very aggressively under experimenter and group pressure encouragement. Lewin, Lippitt and White (1939) showed that the leadership climate of a group (authoritarian vs. democratic) greatly affected the amount of aggressive behaviour of the same boys in different settings. Thus the evidence indicates that behaviour settings, social and organizational climate and, reinforcement variables have important impacts on aggressive behaviour (Moos, 1975).

2. The program specialists provided the generally most positive evaluation of any of the groups concerning the real social climate. This was most pronounced on the Relationship dimensions where this group would require little change in order for the social climate to become ideal. They also were the only group that want a substantial increase in Staff Control as all other groups want moderate to substantial decreases. The question arises: why the difference in perception of current press on the Relationship dimensions? The program specialists, being generally removed from the actual social milieu of the residents, may have either a more global frame of reference, which permits a more realistic appraisal of current environmental press, or their distance from the children's living environment may give them inaccurate perceptions. This finding is generally similar to that of Bentz (1982), who found that the consultants to the institution saw present levels of Involvement, Autonomy and Personal Problem Orientation

higher than other groups involved in his study. However, the consultants in that study also wanted substantial decrease on Staff Control, a finding more in keeping with previous research where most groups generally want decreases on this dimension. Why do the program specialists involved in this study want substantially increased Staff Control? These two findings are clearly suggestive of further research as they raise questions surrounding the role of professionals who are not directly involved with the children in their living environment in an institutional setting.

3. Moos states that "the role position of an individual in an environment . . . may have a substantial effect on his perceptions of that environment" (1974, p. 72). This is of direct relevance concerning two findings in the study. The residents at Mapleridge are not there by choice and it is not surprising that their evaluations are generally more negative than adult groups. The findings are supportive of previous research in that, in both real and ideal environments, staff are considerably more positive about the program than the residents (Moos, 1974, 1975). The one exception in this study concerned the residents and their perception of slightly more actual press towards Autonomy than any of the adult groups. Secondly, the treatment services group provided the second lowest evaluation of the actual social climate and would require substantial to very substantial increases on eight of the ten dimensions measured on the COPES. They would require a modest decrease on Anger and Aggression but a substantial decrease on Staff Control in order for the social climate to reach this ideal. This finding suggests that the role position of this group, which includes administrative and clinical responsibilities, may relate to higher expectations that they have of the Mapleridge Treatment Program. Alternatively, they may have a more global perspective which resulted in a more accurate appraisal of the actual social climate. In either event the finding is suggestive of further research into the mediating effect of role position.

4. The general agreement between the cottage staff and practicum students, although not necessarily surprising, is interesting in view of the teacher/student relationship involved. The similar goal and value orientation of the two groups suggests that the students have chosen a

field that is compatible in terms of values shared by those experienced in the field of child care. The potential that social climate measures have for students entering a chosen, yet unexperienced, field could be effectively utilized in the assessment-feedback-planning sequence proposed by Moos in a variety of institutional settings. For example: correctional facilities and the teaching and nursing professions.

5. The differences found among programs, from the residents' perspective in particular, is very important information for the institution. These differences were found primarily on Relationship dimensions, and, in the case of Mapleridge, are generally within the control of the institution with respect to changes they may wish to effect. The low environmental press rated by the residents on the Relationship dimensions raises important questions. Firstly, Moos posits that the three Relationship dimensions of Involvement, Support and Spontaneity are conceptually analogous to Rogers (1957) dimensions of empathy, warmth and genuineness (Moos, 1974, pp. 169, 170). There is no research to support this analogy but the generally low evaluations of the residents, as compared to the adult groups, raises the issue of what the Relationship dimensions do assess in terms of adult-child (therapist-client) relationships. The author's informal assessment of the effectiveness of the relationship staff's role indicates that the Cottage III program does something very differently than the other programs which more closely approximates the treatment philosophy of the institution. This whole area warrants further research in view of the findings in this study. Secondly, Moos states that the System Maintenance dimensions are "system-oriented in that they are each related to keeping the program functioning in an orderly, clear, organized and coherent manner" (1974b, p. 2). In the Mapleridge program, all residents would require changes, which are substantial in previously discussed instances, on the System Maintenance dimensions. An orderly milieu with clarity of expectations and rules and decreased Staff Control is valued by the children. As most youngsters do not give verbal confirmation to these preferences, awareness of their "consensual beta press" is important knowledge for the staff members in terms of system maintenance and planning in this regard.
6. This brings to note another interesting finding: The residents on Cottage III were the only resident group that wanted a high level of Staff Control in an ideal milieu. This is significant in

that this is the adolescent unit and one would not anticipate such a finding which is contradictory to previous research (Bentz, 1982, Moos, 1973). One possible interpretation could relate to the control which exists in a substantive relationship which the informal assessment indicates that is what most residents perceive. A second interpretation is that the adolescents may be more aware of the security afforded by adult imposed limits and controls.

Generally the issue of Staff Control in the Mapleridge Program indicates very divergent opinions. Many groups indicate that they are concerned about the present level of Staff Control. The treatment services group and Cottage IV residents would prefer a very substantial decrease: All residents would prefer at least a modest decrease. By contrast, the collective evaluation of the cottage staff groups shows satisfaction with the current emphasis while the program specialists want an increase on this dimension. This is important information for the institution as Moos found that increased emphasis on the Relationship and Treatment Program dimensions results in residents who "report that they like the staff more and that they have greater opportunities for personal development within the program. The same relationships hold true for Clarity, but the reverse relationships hold for Staff Control. Thus as Staff Control increases, residents like the staff less and feel that they have less to gain from the program" (1975, p. 162).

In summation, the study revealed that there are substantial differences among programs particularly on the residents and the treatment services group ratings of the actual social climate. Substantial differences among groups in their evaluations of the four settings considered as a composite whole were also found. The findings are supportive of previous research in that resident evaluations are typically more negative than those of staff. The findings support those of Bentz (1982) with respect to the real (but not ideal) ratings of program specialists. The Mapleridge profile, from all perspectives, is notable for the general congruence actually perceived on the type of treatment that the program offers. Substantial differences are present when ideal preferences are examined.

Implications

The differences among Real and Ideal ratings of the Mapleridge program for the various groups

clearly points to the potential use of the Community-Oriented Programs Environment Scale in an assessment-feedback-planning and reassessment sequence. The educational component, inherent in the use of Social Climate Scales generally, would seem to be one of the major assets. While this study is of particular value to Mapleridge, the concept is generally applicable to the entire field of child care. Most of the aspects measured by the COPES appear to be under the local control at Mapleridge, either at the level of the individual setting or at the institutional level. These are important considerations because Moos states that "First, this methodology probably facilitates social change best when used with relatively small groups, most of whose members interact directly with one another . . . Second, the dimensions on which change is planned need to be under local control" (1973, p. 591).

Another implication is that the very use of Social Climate Scales may assist staff "in developing a more differentiated cognitive framework for understanding their programs and problems" (Moos, 1975, p. 323). The tripartite dimensional system developed by Moos could provide an additional or more precise awareness and vocabulary to perceive and discuss treatment programs. Rather than "security", "structure", "relationships" and "control", staff could potentially use the ten dimensions of the COPES to delineate program areas.

The third implication relates to previous research findings which have shown that "profile stability of wards that have a consistent treatment philosophy is extremely high over relatively long periods of time" (Moos, 1974, p. 64). Mapleridge introduced the subgroup, resident/staff concept just prior to this study. This is a relatively major change in treatment programming which should have direct effect upon the social climate in the individual settings. This is clearly suggestive of followup research which would, given the results of this study, provide a comparative and evaluative measure of the effects of program change on social climate.

As there is no clearly defined boundary between many treatment facilities as to whether they are correctional and/or community based, further research into comparison of two of the Social Climate Scales is suggested: The Community-Oriented Programs Environment Scale (COPES), and the Correctional Institutions Environment Scale (CIES). The Anger and Aggression subscale was dropped from the CIES as "aggression is not a basic dimension of environmental press in correctional

programs" (Moos, 1975, p. 40). Anger and Aggression and Spontaneity are purportedly combined into Expressiveness on the CIES. The results of this study, compared to the findings of Bentz (1982), raise questions surrounding this issue which could be directly explored by employing both scales in a setting which is both correctional and community-based.

One of the most important attributes of the use of Social Climate Scales in general is related to the educational component afforded through the opportunity to constructively use the resulting information in a feedback and planning sequence which enhances clear and concise communication through collective involvement in an endeavour of collective import.

Recommendations

The institution purports to have a clearly defined treatment philosophy, program objectives and clinical practices which are communicated to all treatment personnel. The results of the examination of the social atmosphere provides important information of potential benefit in this regard.

1. The substantial discrepencies between the treatment services group and program specialists group evaluations suggest issues which may be related to communication, involvement and programming responsibilities. It is suggested that the feedback-discussion-planning sequence be employed in order to directly address this important issue from collective and individual perspectives.
2. The results of the study indicate that the role of the relationship staff, which is stipulated as being . . . "a vital part of our treatment program" (Mapleridge Care Manual, p. 8), is not receiving the stipulated emphasis. The Relationship dimensions generally are below average from the residents' perspective and all groups want increased emphasis on these dimensions. In-service seminars would increase the knowledge and desired emphasis on the vital role of substantive relationships but, focal personnel (youth workers, program co-ordinators and caseworkers) need to place collective value and priority on the relationship staff role in order to realize the therapeutic potential. Once again the feedback-discussion-planning sequence could be effectively utilized in order for groups, and individuals within the groups, to re-evaluate the actual environmental press, treatment philosophy and ideal preferences in terms of change which may be desired.

3. The implementation of the subgroup resident/staff concept should have impact on the social climate at Mapleridge. It would be of distinct benefit to the institution to consider reassessing the social climate in order to determine what effect a distinct treatment programming change has upon the residents' psychosocial milieu.

A social systems analysis provides valuable information to the institution in terms of processes which are amenable to change. The short term objective of accountability and long-term objective of knowledge development are directly addressed in such an examination. The educational component afforded by social climate measures in general can be effectively used to facilitate social change. Feedback and discussion sessions using social climate data often provide practical applications out of ongoing research and teaching endeavours.

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APPENDIX A

COPES Real Form (Form R)

APPENDIX A

1. Members put a lot of energy into what they do around here.
2. The healthier members here help take care of the less healthy ones.
3. Members tend to hide their feelings from one another.
4. There is no membership government in this program.
5. This program emphasizes training for new kinds of jobs.
6. Members hardly ever discuss their sexual lives.
7. It's hard to get people to argue around here.
8. Members' activities are carefully planned.
9. If a member breaks a rule, he knows what the consequences will be.
10. Once a schedule is arranged for a member, the member must follow it.
11. This is a lively place.
12. Staff have relatively little time to encourage members.
13. Members say anything they want to the staff.
14. Members can leave here anytime without saying where they are going.
15. There is relatively little emphasis on teaching members solutions to practical problems.
16. Personal problems are openly talked about.
17. Members often criticize or joke about the staff.
18. This is a very well organized program.
19. If a member's program is changed, staff always tell him why.
20. The staff very rarely punish members by taking away their privileges.
21. The members are proud of this program.
22. Members seldom help each other.
23. It is hard to tell how members are feeling here.
24. Members are expected to take leadership here.
25. Members are expected to make detailed, specific plans for the future.
26. Members are rarely asked personal questions by staff.
27. Members here rarely argue.

28. The staff make sure that this place is always neat.
29. Staff rarely give members a detailed explanation of what the program is about.
30. Members who break the rules are punished for it.
31. There is very little group spirit in this program.
32. Staff are very interested in following up members once they leave the program.
33. Members are careful about what they say when staff are around.
34. The staff tend to discourage criticism from members.
35. There is relatively little discussion about exactly what members will be doing after they leave the program.
36. Members are expected to share their personal problems with each other.
37. Staff sometimes argue openly with each other.
38. This place usually looks a little messy.
39. The program rules are clearly understood by the members.
40. If a member fights with another member, he will get into real trouble with the staff.
41. Very few members ever volunteer around here.
42. Staff always compliment a member who does something well.
43. Members are strongly encouraged to express themselves freely here.
44. Members can leave the program whenever they want to.
45. There is relatively little emphasis on making specific plans for leaving this program.
46. Members talk relatively little about their past.
47. Members sometimes play practical jokes on each other.
48. Members here follow a regular schedule every day.
49. Members never know when staff will ask to see them.
50. Staff don't order the members around.
51. A lot of members just seem to be passing time here.
52. The staff know what the members want.
53. Members spontaneously set up their own activities here.
54. Members can wear whatever they want.

55. Most members are more concerned with the past than with the future.
56. Members tell each other about their intimate personal problems.
57. Staff encourage members to express their anger openly here.
58. Some members look messy.
59. The members always know when the staff will be around.
60. It is important to carefully follow the program rules here.
61. This program has very few social activities.
62. Staff sometimes don't show up for their appointments with members.
63. When members disagree with each other, they keep it to themselves.
64. The staff almost always act on members' suggestions.
65. Members here are expected to demonstrate continued concrete progress toward their goals.
66. Staff are mainly interested in learning about members' feelings.
67. Staff here never start arguments.
68. Things are sometimes very disorganized around here.
69. Everyone knows who's in charge here.
70. Members can call staff by their first names.
71. Members are pretty busy all of the time.
72. There is relatively little sharing among the members.
73. Members can generally do whatever they feel like here.
74. Very few members have any responsibility for the program here.
75. Members are taught specific new skills in this program.
76. The members rarely talk with each other about their personal problems.
77. Members often gripe.
78. The dayroom or living room is often untidy.
79. People are always changing their minds here.
80. Members may interrupt staff when they are talking.
81. Discussions are very interesting here.
82. Members are given a great deal of individual attention here.

83. Members tend to hide their feelings from the staff.

84. Members here are very strongly encouraged to be independent.

85. Staff care more about how members feel than about their practical problems.

86. Members are rarely encouraged to discuss their personal problems here.

87. Staff here think it is a healthy thing to argue.

88. Members are rarely kept waiting when they have appointments with staff.

89. Members never quite know when they will be considered ready to leave this program.

90. Members will be transferred or discharged from this program if they don't obey the rules.

91. Members often do things together on weekends.

92. The staff go out of their way to help new members get acquainted here.

93. Members are strongly encouraged to express their feelings.

94. Staff rarely give in to pressure from members.

95. Members must make detailed plans before leaving this program.

96. Staff strongly encourage members to talk about their pasts.

97. Members here rarely become angry.

98. The staff strongly encourage members to be neat and orderly here.

99. There are often changes in the rules here.

100. The staff make and enforce all the rules here.

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APPENDIX B

"Residents" COPES Real Form (Form R)

(Form R Adaptation for Mapleridge Residents)

APPENDIX B

1. The kids put a lot of energy into what they do around here.
2. The healthier kids help take care of the less healthy ones.
3. Kids tend to hide their feelings from one another.
4. There is no kids group helping to make rules in this cottage.
5. This cottage helps kids learn new kinds of jobs.
6. Kids hardly ever talk about what sex means to them.
7. It's hard to get people to argue around here.
8. Kids activities are carefully planned.
9. (i) If a kid breaks a rule he knows what the consequences will be.

   (ii) If a kid breaks a rule he knows what will happen
10. (i) Once a schedule is arranged for a kid, the kid must follow it.

    (ii) Once a program is arranged for a kid, the kid must follow it.
11. This is a lively place.
12. Staff do not have much time to help kids.
13. Kids say anything they want to staff.
14. Kids can leave here anytime without saying where they are going.
15. There is not much time spent teaching kids how to solve practical problems.
16. Personal problems are openly talked about here.
17. Kids often criticize or joke about the staff.
18. This is a very well organized cottage.
19. If a kids treatment program is changed, staff always tell him why.
20. The staff very rarely punish kids by taking away their privileges (something special).
21. The kids are proud of this cottage.
22. Kids do not help each other very often.
23. It is hard to tell how kids are feeling here.
24. Kids are expected to become leaders in cottage.
25. Kids are expected to make detailed plans for the future.

26. Kids are not often asked personal questions by the staff.
27. Kids here do not argue very often.
28. The staff make sure that this place is always neat.
29. (i) Staff rarely explain to kids what the program is about.

    (ii) Staff do not often explain to the kids what the program is about.
30. Kids who break the rules are punished for it.
31. There is very little group spirit in this cottage.
32. Staff are interested in finding out how kids are doing after they leave here.
33. Kids are careful what they say when staff are around.
34. The staff try to stop criticism from the kids.
35. There is not much talk about what exactly kids will be doing after they leave here.
36. Kids are expected to share their own problems with each other.
37. Staff sometimes argue openly with each other.
38. This place usually looks a little messy.
39. The cottage rules are easy to understand by the kids.
40. If a kid fights with another kid, he gets into real trouble with the staff.
41. Very few kids ever offer to help around here.
42. Staff always compliment a kid who does something well.
43. Kids are really helped to express themselves openly here.
44. Kids can leave the program whenever they want to.
45. There is not much talk about making specific plans to leave here.
46. Kids do not talk much about their past.
47. Kids sometimes play practical jokes on each other.
48. Kids follow a regular schedule every day.
49. Kids never know when staff will ask to see them.
50. Staff do not order the kids around.
51. A lot of kids just seem to be passing time here.
52. The staff know what the kids want.

53. Kids set up their own activities in cottage.
54. Kids can wear whatever they want.
55. Most kids think more about the past than the future.
56. Kids tell each other about their very personal problems.
57. Staff help kids to show their anger openly here.
58. Some kids look messy.
59. The kids always know when the staff will be around.
60. It is important to carefully follow the rules here.
61. This cottage has very few social activities (fun times together).
62. Staff sometimes do not show up for their appointments with kids.
63. When kids do not agree with each other, they keep it to themselves.
64. The staff almost always do something about kids ideas (suggestions).
65. Kids are expected to show that they are working on their goals.
66. Staff are mostly interested in learning about how kids feel.
67. Staff never start arguments.
68. Things are sometimes very disorganized in cottage.
69. Everyone knows who is the boss here.
70. Kids can call staff by their first names.
71. Kids are pretty busy all of the time.
72. There is not much sharing among the kids.
73. Kids can usually do whatever they feel like.
74. Very few kids have any responsibility for the program in cottage.
75. Kids are taught how to do new things here.
76. The kids do not often talk to each other about their personal problems.
77. Kids often gripe (complain) here.
78. The living room is often messy.
79. People are always changing their minds here.
80. Kids may interrupt staff when they are talking.

81. Talking with others is very interesting here.

82. Kids are given a great deal of individual attention here.

83. Kids tend to hide their feelings from the staff.

84. Kids here are really helped to be independent.

85. Staff care more about how kids feel than about their practical problems.

86. Kids are often helped to talk about their personal problems.

87. Staff here think it is a healthy thing to argue.

88. Kids are not often kept waiting when they have an appointment with staff.

89. Kids never quite know when they will be considered ready to leave here.

90. Kids will be moved or discharged if they don't follow the rules here.

91. Kids often do things together on the weekend.

92. The staff really try to help new kids feel welcome when they come into this cottage.

93. Kids are really helped to express their feeling here.

94. Staff do not often give in to what the kids demand.

95. (i) Kids must make detailed plans before leaving here.

    (ii) Kids must have a future plan before leaving here.

96. Staff really help kids to talk about their past.

97. Kids do not often get angry in this cottage.

98. The staff really help kids to be neat and orderly.

99. There are often changes in the rules.

100. The staff make all the rules and make sure that they are followed.

APPENDIX C

Memorandums to Mapleridge Staff

and Adjunctive Adult Groups

Mapleridge

RESIDENTIAL TREATMENT CENTRE
8421-101st AVENUE • EDMONTON, ALBERTA T6A OL1
TELEPHONE (403) 469-1366

MEMO TO: TREATMENT SERVICES GROUP STAFF, PROGRAM CONSULTANTS AND SPECIALISTS, AND PRACTICUM STUDENTS

DATE: FEBRUARY 4, 1983

FROM: JOAN BAILEY-CRISTALL, MAPLERIDGE CASEWORKER

In completion of my Masters Level Thesis in Educational Psychology I plan to examine Mapleridge from the social climate perspective. This would involve the reisdents and staff evaluating their own settings. I hope to obtain additional view of selected groups of individuals who are directly involved with varied aspects of the Mapleridge Program.

As you are a member of one of these groups, I am seeking your assistance in this endeavour. This would involve your completing two questionnaires one week apart. The average time to complete a questionnaire is 15 minutes. In keeping with the practice of good social research you will not be identified as an individual in this study and no one other than myself will have access to your individual results.

Should you wish to have your personal results from the questionnaire I shall be glad to provide them. Group results will be provided in my thesis and interpretation of results will be made available to Mapleridge staff. It is hoped this study will contribute to overall program evaluation as it relates to Mapleridge and the children in our care. I should be pleased to review the results with any of the groups to whom this memo is addressed upon completion of the study which is scheduled for April, 1983.

Please complete the attached questionnaire as you think the questions currently apply to Mapleridge as a total residential program. If you are aware of only parts of the total Mapleridge program please record your responses on that basis. Should you be unsure of a particular answer please make your best estimate of what you think the situation is.

Please place your completed questionnaire in my mailbox in the administration building. You may expect the second questionnaire in approximately one week.

Thank you for your co-operation, time and effort.

Sincerely,

Joan Bailey-Cristall

JBC/lw

Mapleridge

RESIDENTIAL TREATMENT CENTRE
8421-101ST AVENUE • EDMONTON, ALBERTA T6A OL1
TELEPHONE (403) 469-1366

MEMO TO: ALL STAFF DATE: JANUARY 25, 1983

FROM: JOAN BAILEY-CRISTALL, CASEWORKER, MAPLERIDGE

In completion of my Masters level thesis in Educational Psychology I plan to examine the milieu of Mapleridge using the concept of Social Climate. This would involve both staff and residents evaluating the environment at Mapleridge as they themselves perceive it to be.

As part of the study I would like to provide feedback to each cottage as to how the staff and the children view their environment. I hope this undertaking will prove beneficial to both myself and yourselves by providing a new and standardized method of perceiving and describing your programs. It is hoped that this will increase staff and residents' awareness about present perceptions of programs and how they might like them to be.

Under no circumstances will individual residents or staff members be identified in this study. Each staff member is assured complete confidentiality in that no other staff member, including supervisory and management staff, will be made aware of an individual's evaluation. Individual results will be returned to the respondents for their personal use in order that they may compare their own perception of the cottage environment to collective or average perceptions obtained from the study.

In order to achieve these goals I am using a standardized instrument which has been widely used in evaluating institutional environments. This will require each staff member to complete two questionnaires to be administered one week apart. Completion of a questionnaire will require approximately 20 minutes.

I hope to be able to complete the administration of the questionnaire by February 15, 1983. The timeframe includes provision of feedback upon completion of my study.

I encourage and anticipate your full support in this endeavour. I hope this study proves to be mutually beneficial and of present and future value to Mapleridge and the children in our care.

Thank you for your assistance and co-operation.

Sincerely,

Joan Bailey-Cristall

Joan Bailey-Cristall

JBC/lw

APPENDIX D

List of Abbreviations

APPENDIX D

1. Abbreviations referring to the Community-Oriented Programs Environment Scale.

   COPES – Community-Oriented Programs Environment Scale

   Real – results on Form R of the COPES

   Ideal – results on Form I of the COPES

   Subscales:
   - I – Involvement
   - S – Support
   - Sp – Spontaneity
   - A – Autonomy
   - PO – Practical Orientation
   - PPO – Personal Problem Orientation
   - AA – Anger and Aggression
   - PC – Program Clarity
   - SC – Staff Control

2. Abbreviations referring to Mapleridge Settings
   - CC – Cottages Combined
   - CI – Cottage I
   - CII – Cottage II
   - CIII – Cottage III
   - CIV – Cottage IV

3. Abbreviations referring to Mapleridge Groups
   - AA – All Adults
   - Res – Residents
   - CS – Cottage Staff
   - TSG – Treatment Services Group
   - PS – Program Specialists
   - ST – Practicum Students

APPENDIX E

COPES Form R Scale Profiles Based on Standard Scores

Question 1

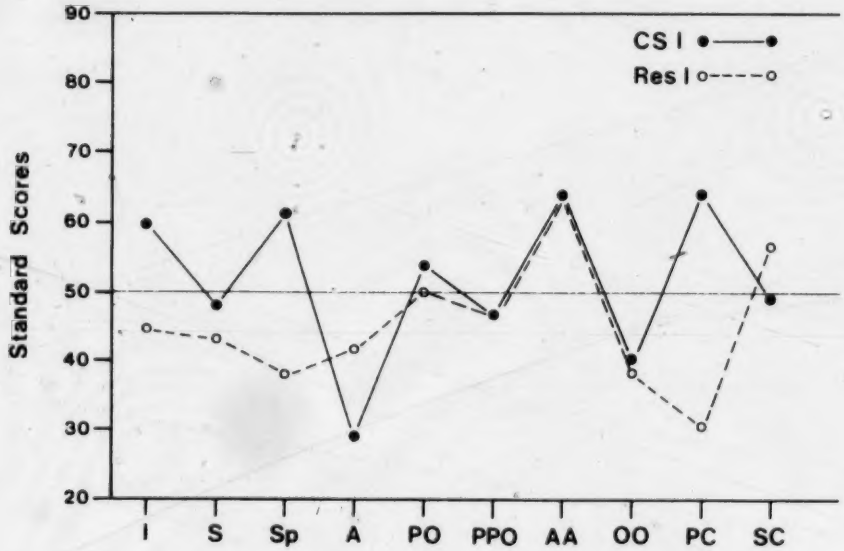

Figure 1. COPES Form R Scale Profiles for Residents and Staff on Cottage I

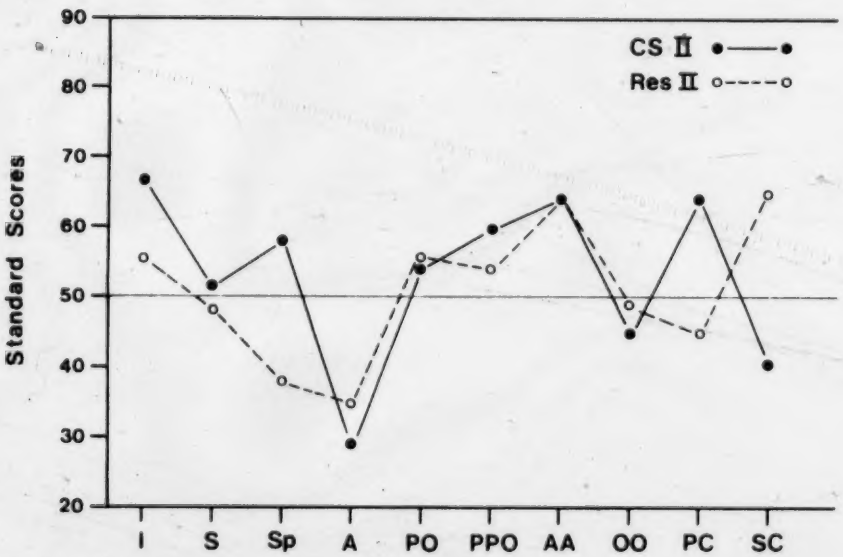

Figure 2. COPES Form R Scale Profiles for Residents and Staff on Cottage II

Question 1

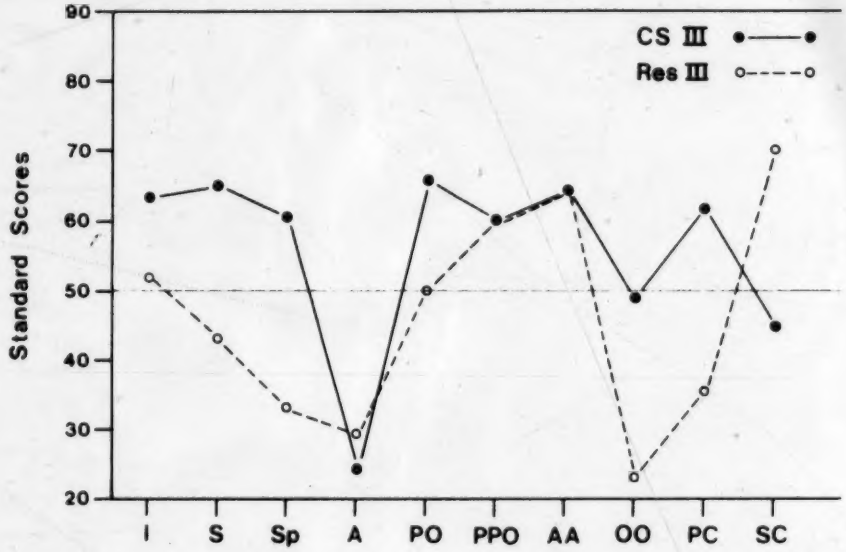

Figure 3. COPES Form R Scale Profiles for Residents and Staff on Cottage III

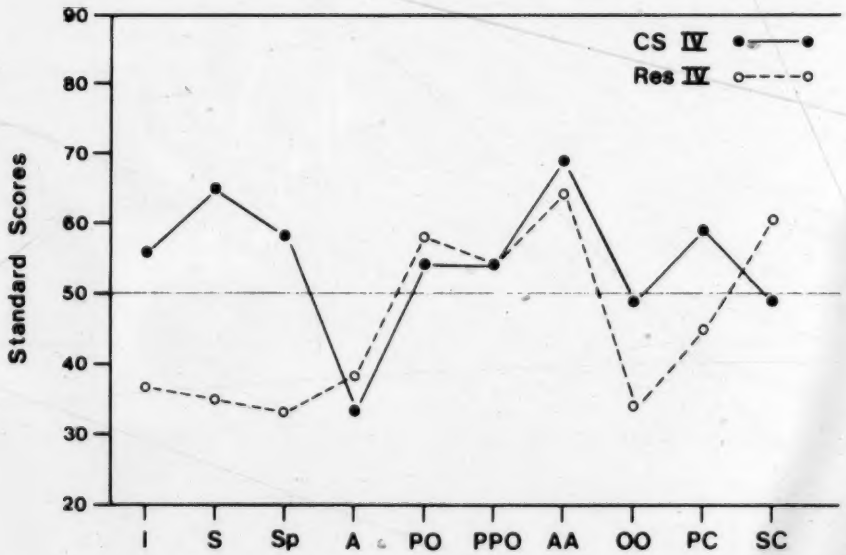

Figure 4. COPES Form R Scale Profiles for Residents and Staff on Cottage IV

Question 2

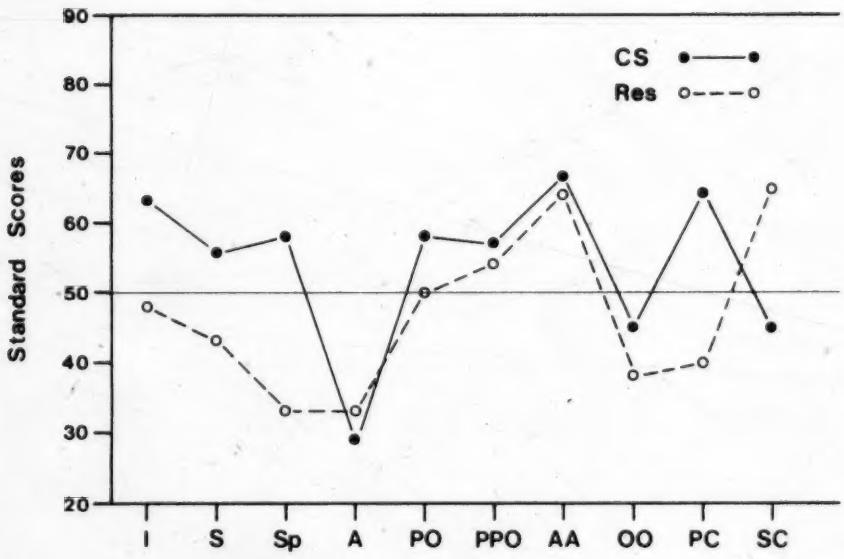

Figure 13. COPES Form R Scale Profiles for Residents and Cottage Staff

Question 3

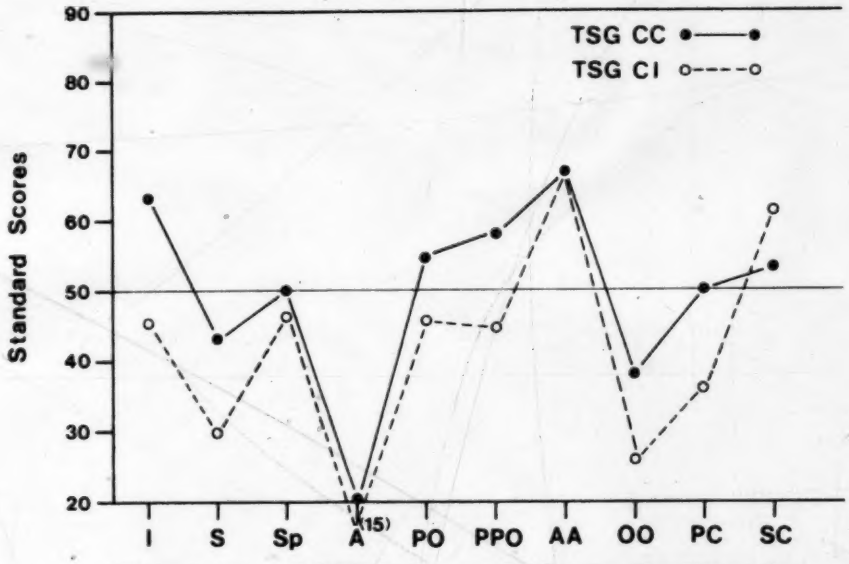

Figure 17. COPES Form R Scale Profiles for Cottage I and Cottages Combined as Rated by the Treatment Services Group

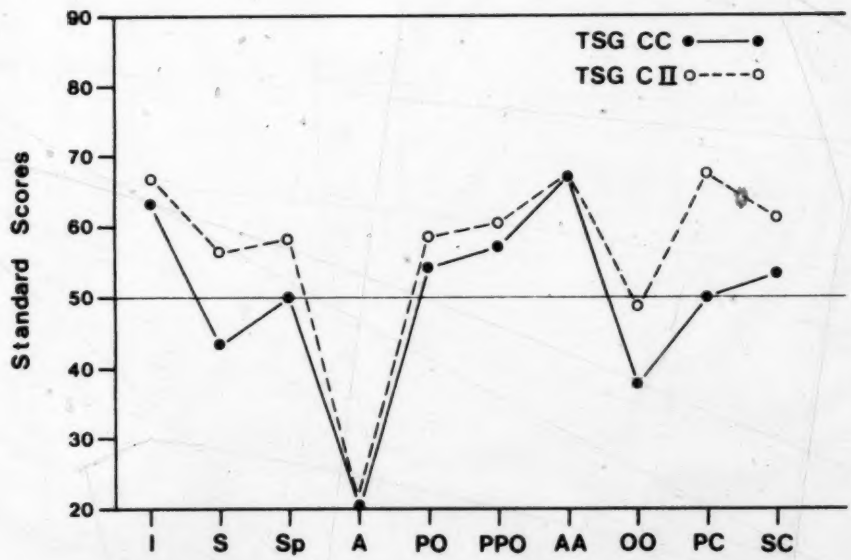

Figure 18. COPES Form R Scale Profiles for Cottage II and Cottages Combined as Rated by the Treatment Services Group

Question 3

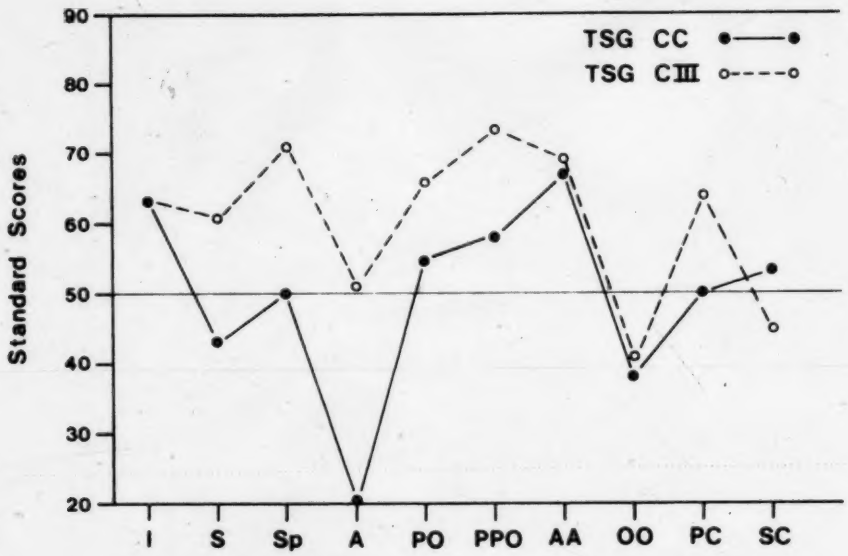

Figure 19. COPES Form R Scale Profiles for Cottage III and Cottages Combined as Rated by the Treatment Services Group

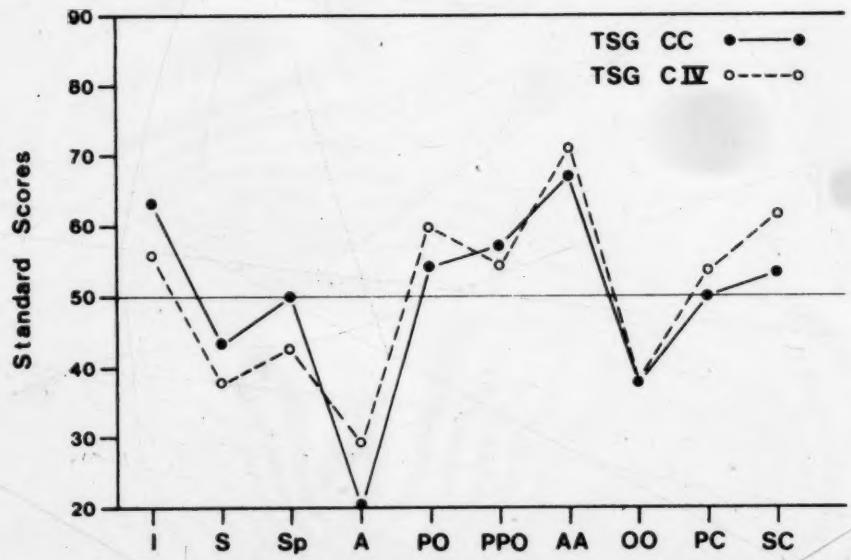

Figure 20. COPES Form R Scale Profiles for Cottage IV and Cottages Combined as Rated by the Treatment Services Group

Question 4

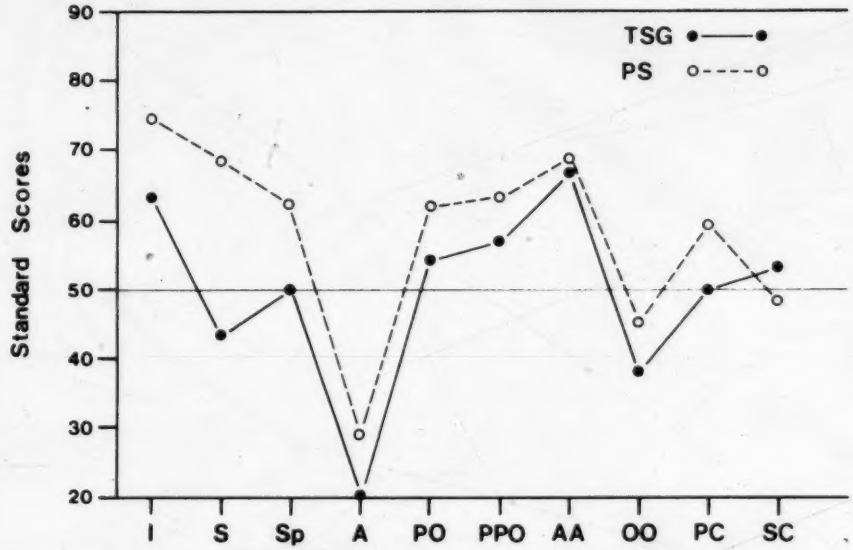

Figure 21. COPES Form R Scale Profiles for Program Specialists and Treatment Services Group

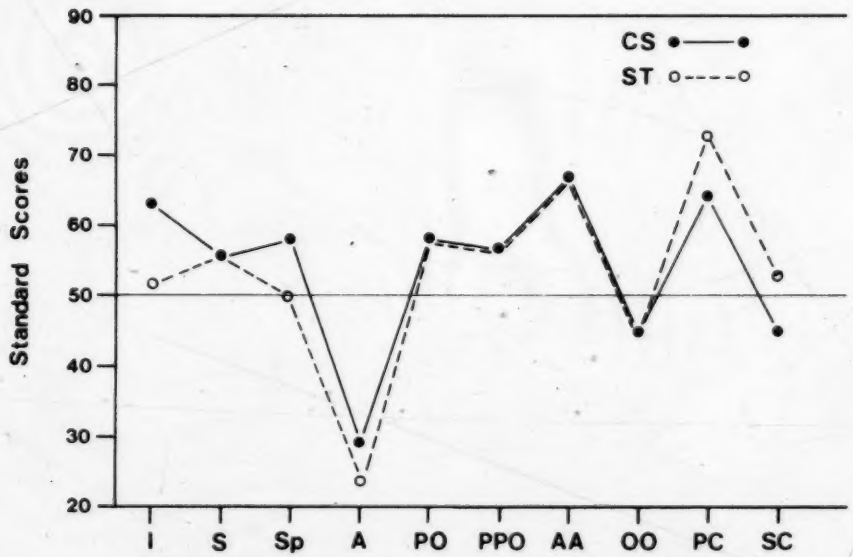

Figure 22. COPES Form R Scale Profiles for Cottage Staff and Students

Question 4

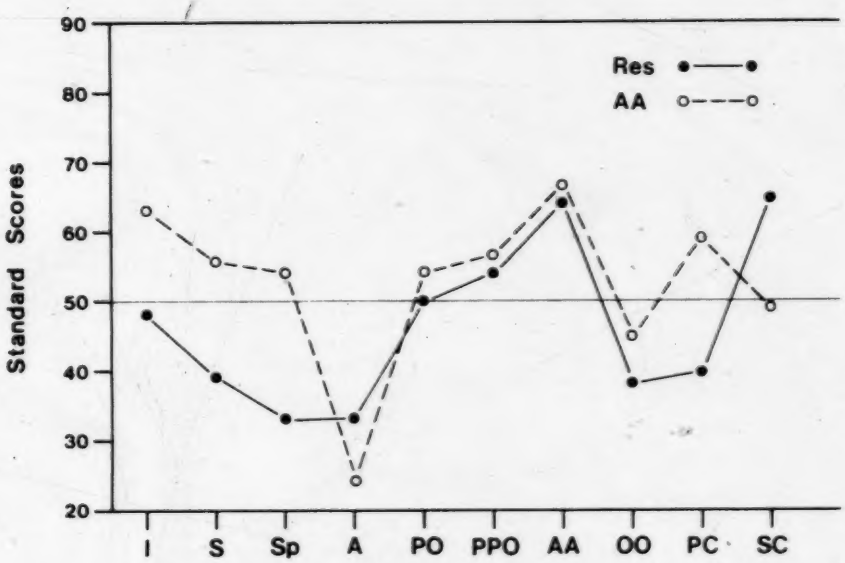

Figure 23. COPES Form R Scale Profiles for Residents and Adult Groups Combined